Intracranial Malignant Cartilaginous Tumours. Report of Two Cases and Review of Literature

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With 11 Figures

Summary

We report two cases of basicranial chondrosarcomas. Intracranial chondrosarcomas are particularly rare, amounting to 0.15% of all intracranial tumours. Their most frequent location is the skull base (76.19%), and more precisely the middle cranial fossa, as they arise from the spheno-occipital synchondrosis. Some intracerebral chondrosarcomas have also been reported.

We also refer shortly to another kind of malignant cartilaginous neoplasm that was recently identified by Lichtenstein and Bernstein (1959). This is the mesenchymal chondrosarcoma. Fifteen cases of this have been reported.

Cranial and intracranial cartilaginous tumours are among the rarest tumours that the neurosurgeon encounters. Quite exceptional is the chondrosarcoma which is classified among the chondromatous tumours together with the exostosis cartilagina, the enchondroma, and the chondromixoid fibroma (Robbins). We report two cases of chondrosarcoma of the base of the skull. One was a primitive neoplasm of the spheno-occipital synchondrosis, while the other spread into the middle cerebral fossa from the maxillary sinus.

Case 1

A twenty-years-old woman came to us with a long history of relapsing palsies of cranial nerves. At the age of eleven the first episode of paresis of the left abducent nerve occurred. It was diagnosed as being of viral origin, and was apparently successfully treated with corticosteroid therapy. In the following years the same paresis recurred several times. Five months before entering our department left palpebral ptosis appeared.

Neurological examination revealed complete left ophthalmoplegia and discrete hypaesthesia in the distribution of the first and second left trigeminal divisions.
Skull radiograms in the three usual projections showed a radiopaque mass, grossly round, with irregular borders, occupying the left middle cranial fossa and extending from the petrous bone to the ipsilateral sellar region (Fig. 1). Left carotid angiography revealed a uniformly narrowed internal carotid artery whose only terminal branch was a thin middle cerebral artery, lifted and medially displaced by the tumour (Figs. 2 and 3).

Operation was performed through a left temporal bone flap. The greatest part of the tumour was attached to the base of the skull and was removed extra-