

Migration of a lateral ventricular choroid plexus papilloma: An uncommon occurrence

Sir,

Migration of intracranial lesions has been rarely recorded.^[1-3] We wish to report a case where we identified migration of an intraventricular choroid plexus papilloma during the course of treatment. We analyze the relevant issues.

An 11-month-old male child initially presented to another institute with excessive crying and irritability. On examination, the child was conscious and had no neurological deficits. A computed tomography (CT) scan performed at that time showed a moderate-sized tumor in the atrium of the right lateral ventricle with hydrocephalus. The imaging features were suggestive of a choroid plexus tumor [Figure 1]. A left-sided ventriculoperitoneal shunt was performed and the child improved symptomatically. After 4 months, a repeat CT of the brain was performed. This scan showed that the tumor had moved to the frontal horn of the right lateral ventricle and marginally increased in size [Figure 2]. The left-sided ventriculoperitoneal shunt was seen. The parents were advised surgery for the tumor; however, they wished to wait for a few months before surgery. The child, at the age of 2 years, had intermittent episodes of headache and vomiting and was then referred to our institute. Magnetic resonance imaging

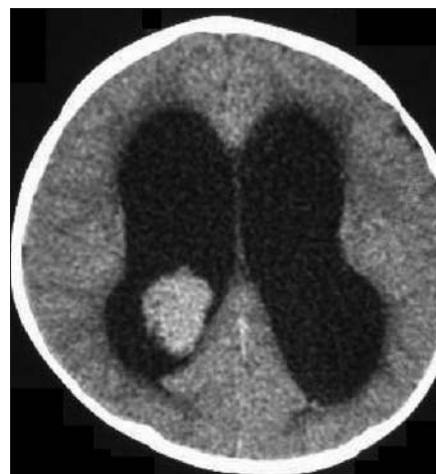


Figure 1: Axial computed tomography scan of the patient showing the tumor in the trigone of the right lateral ventricle

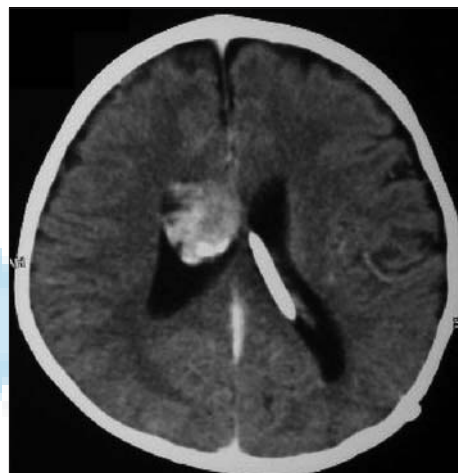


Figure 2: Contrast-enhanced computed tomography scan done after 4 months showing the choroid plexus papilloma to have migrated to the frontal horn of the right lateral ventricle. The left-sided ventriculoperitoneal shunt is seen



Figure 3: Axial magnetic resonance imaging just before surgery showing the lesion to be in the frontal horn and body of the lateral ventricle with a pedicle extending to the atrium

performed at this time showed the tumor to be occupying the frontal horn and body of the right lateral ventricle [Figure 3]. The child was operated by an interhemispheric transcallosal approach. The tumor was seen in the body of the ventricle with a peduncle extending to the atrium. It was soft and vascular and of characteristic nature of choroid plexus papilloma. The tumor was excised completely. Histological examination confirmed that the lesion was a choroid plexus papilloma. The patient recovered well following the surgery and was fine at a postoperative follow-up of 36 months.

Choroid plexus papillomas are relatively common intraventricular lesions and are more commonly pedunculated. The tumor lies in the ventricular cavity and is essentially floating in the sea of ventricular fluid. It is, therefore, not surprising that the tumor can migrate from one site to another within the confines of the ventricular cavity. However, such migration has been recorded only once previously.^[4] The exact mechanism of migration of the tumor from the atrium to the body and frontal horn of the lateral ventricle can only be speculated. Our patient had undergone a ventriculoperitoneal shunt surgery. The ventricular end of the shunt was placed in the contralateral lateral ventricle. The "suction" effect of the shunt appears to be a major factor that caused the migration of the tumor. The other possible mechanism could be that as the child grew up and started walking, he was more frequently in the sitting/standing position than in the lying down position as an infant. The position of the child could have been a factor that affected the movement of the tumor. The other possible factor may be the differential pattern of growth of the tumor, wherein the anterior part of the tumor in proximity to the body and frontal horn grew more aggressively than the part of the tumor in the atrium, giving an impression of migration. Considering that the tumor was attached to a pedicle of the choroid plexus, this movement of the tumor may not have been a true migration but could have been a phenomenon related to mobility of the pedunculated tumor.

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Conflicts of interest

There are no conflicts of interest.


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