Disclosures

• none
Clinical history

• 54 year-old right handed woman with right parieto-occipital enhancing lesion

• Glioblastoma at initial resection:
  – IDH1-wild-type, EGFR amplified, Met non-amplified, MGMT methylated, mutations in PTEN and TP53

• Re-presents 1 month after resection
  – Worsening cognition, headache, nausea, vomiting, gait difficulties
Increasing mass effect and enhancement

Immediate post-resection

One month following resection
(Prior to additional treatment)

FLAIR T2
Increasing mass effect and enhancement

Immediate post-resection

One month following resection
(Prior to additional treatment)

T1 Post Contrast

Nodular enhancement concerning for rapid recurrence ➔ Re-resection
• Audience Discussion
Other studies

• GMS, AFB, PAS negative for organisms
• Amorphous non-polarizable material
Hemostatic materials causing foreign body giant cell reaction: **Cotton**

- Hollow fibers
- Gossypiboma/Textiloma

Hemostatic materials causing foreign body giant cell reaction: **Cellulose (Surgicel)**

- Mesh-like appearance with ghost fibers
- Non-polarizable

(Ribalta, et. al, 2004, Kothbauer et. al, 2001)
Hemostatic materials causing foreign body giant cell reaction: **Gelatin (Gelfoam)**

- Non-polarizable
- Amorphous on EM (compared to collagen-derived agents)

(Ribalta, et. al, 2004, Kothbauer et. al, 2001)
Hemostatic materials causing foreign body giant cell reaction: **Gelatin (Gelfoam)**

- Non-polarizable
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(Ribalta, et. al, 2004, Kothbauer et. al, 2001)
Final diagnosis

• Tumefactive granulomatous reaction to foreign material (Gelfoam)

• Residual glioblastoma
Conclusions

• Commonly used hemostatic agents are capable of causing foreign body giant cell reactions

• Reaction to foreign material is in the differential diagnosis of a rapidly recurring intraparenchymal tumor
References

