OBJECTIVES: We expose the case of a long-survival glioblastoma multiforme ('GBM') located at posterior fossa which presented a subcutaneous metastases four years after the surgery without evidence of recurrence throughout Central Nervous System ('CNS') previous at the secondary diagnosis. METHODS: A 57-year-old came to the Emergency Department with vomits, instability and pulsating headache. The neurological exploration showed posterior fossa signs and the Magnetic Resonance Image (MRI) confirmed a mass located on the right cerebellum hemisphere, with radiological characteristic of high-grade glioma, without associated hydrocephalus. A total gross resection was performed, being forced to return to the operating room due to a post-operative hematoma. After that, the clinical evolution was satisfactory and the patient could receive adjuvant treatments, finishing them with a Karnofsky Performance Status of 80. After four years of progression-free survival, we observed a stiff and painful area over the scar that was completely removed. Confirmed the 'GBM' diagnosis, the patient received chemotherapy without good response and, after five years of overall survival and one year after the second diagnosis, the patient died due to a neural and systemic tumoral progression. RESULTS: The cerebellar lesion met the anatomopathological criteria to be diagnosed as a 'GBM': cellular atypia, mitosis, endovascular proliferation and necrosis, with an extent oligodendrogial component. For this reason, we made the test for 1p/19q codeletion, which was negative. The subcutaneous tumor could be diagnosed as a 'GBM' metastases by cytomorphology and the similar immunohistochemical results between both samples. There was a positive GFAP cellular proliferation with a MIB-1 index about 20%. Since 2002, nine cases of confirmed subcutaneous metastases of 'GBM' have been reported, but their overall survival were shorter than this case, maybe because of the important oligodendrogial component and the infratentorial location of the primary lesion in this patient. CONCLUSIONS: Due to the extreme aggressiveness and the natural history of 'GBM', the incidence of metastases is very low and its appearance in the subcutaneous tissue is exceptional. Because of their low incidence and the short survival of these patients, the subcutaneous metastases are often misdiagnosed as primary subcutaneous tumors. There is a strong relationship between metastases and invasive procedures, like cranectomies and the placement of Ommaya reservoirs or ventricular drainages. The clinical history and, specially, the anatomopathological and immunohistochemical results of both lesions are essential for the correct diagnosis.