OT-02. PEDIATRIC ANAPLASTIC MENINGIOMA: A CASE REPORT SUCCESSFULLY TREATED WITH COMBINED CHEMOTHERAPY FOR SOFT TISSUE SARCOMAS AND RADIOTHERAPY

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A 2-year-old child with motor deficits and headache was referred to our Hospital with an history of speech difficulties and walking difficulties. A brain MRI scan evidenced a giant tumor of the right hemisphere with diffuse contrast enhancement, hydrocephalus and mass effect. After diagnosis, he immediately underwent neurosurgery and a massive debulking of the lesion was performed. The histological diagnosis was anaplastic meningioma (WHO-grade III). Despite radical surgery, after one-month evidence of disease progression was documented by MRI (relapse on surgical margins) and lumbar puncture (neoplastic cells in liquor sample). Rapid progression, young age and absence of successful therapeutic alternatives determined the decision to start chemotherapy with a protocol for soft tissue sarcomas (EpSSG NRSTS 2005 protocol). The treatment was started in December 2011 and ended in April 2012, and consisted in 3 cycles of Ifosfamide (3 g/m\(^2\)/day for 3 days) plus Doxorubicin (37.5 mg/m\(^2\)/day for 2 days) every 21 days. The cycles were followed by Ifosfamide (3 g/m\(^2\)/day for 3 days) concomitant with radiotherapy (54 Gy on tumor primary site). A last cycle of Ifosfamide plus Doxorubicin was after performed. In the last 2 cycles, Doxorubicin dose was reduced of 50% to avoid toxicity. End therapy evaluation showed stable disease at brain MRI and absence of tumor cells in liquor sample. Nonetheless, considering risk of disease progression and of late chemotherapy side effects, a strict follow-up was started. After 3 years from diagnosis the patient showed good clinical conditions, with no evidence of disease progression. Anaplastic meningioma is the most undifferentiated, invasive and aggressive type of meningioma (approximately 1-4%). Surgery and radiotherapy are the most effective therapeutic options, while chemotherapy is usually useless. This case represents a successful management of an anaplastic meningioma with chemotherapy in a pediatric patient.