LG-43. PURE AQUEDUCTAL PILOCYTIC ASTROCYTOMA
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Pure aqueductal tumors differ from tectal or tegmental tumors, and they indeed exist just within the aqueduct. We report our unique seventeen years-old male case of pure aqueductal pilocytic astrocytoma (aPA), and then we reviewed the pure aPA by literatures. In our case, he had been followed by NF-1 in dermatology, and was pointed out mild enlargement of the lateral and third ventricle by MRI three years ago. There was no obvious cause of enlargement of ventricles at that time. A year ago, he showed transient mild headache and MRI showed progression of enlargement of the ventricles, and MRI showed the small tumor located within the aqueduct. Because a tumor size showed enlargement gradually after that, endoscopic third ventriculostomy (ETV) and tumor biopsy was performed, and pathological diagnosis was typical type of pilocytic astrocytoma. After the operation, he was asymptomatic and showed a good course. Although the tumor size has increased only once, it is stable now and being carefully observed without any chemo-radio therapy. Pure aqueductal tumors are very rare. Because aqueductal tumors combine a hydrocephalus and also show several pathological diagnoses, perform the ETV + biopsy at one time is effective. Pure aPA have been reported only 3 cases from the past papers. Among these 3 cases, 2 cases comorbid the NF-1 such as our case. Although typical tectal pilocytic astrocytoma is usually stable by normal observation, pure aPA need careful observation because it sometimes shows uncharacteristic growing.