inconspicious nucleoli and moderate amount of eosinophilic cytoplasm (Figure 4). Some mitotic activity is noted. The neoplastic cells are separated by thin fibrovascular stroma. Immunohistochemistry of the excised tumor done for confirmation and grading. On microscopic examination EMA revealed to be strongly positive showing paranuclear dot positivity. MIB-1(Ki-67) is and 8-10%. Diagnosis of an ependymoma of World Health Organization (WHO) grade III was made.

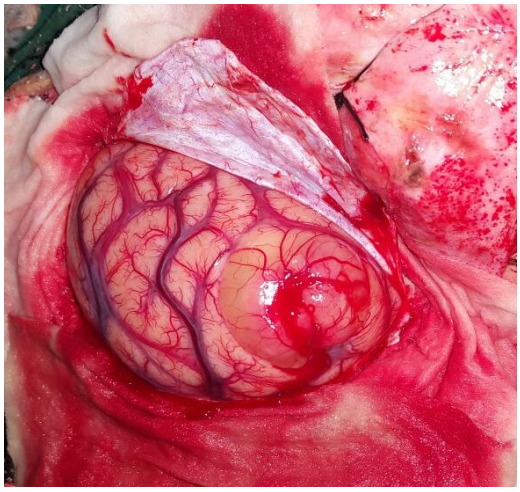

Figure 3: Intra-operative image of right parieto-occipital ependymoma

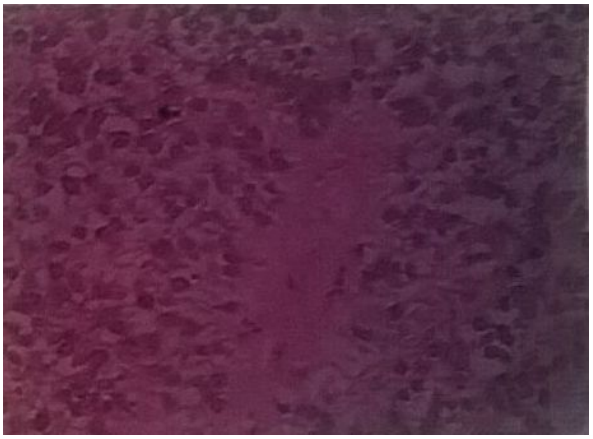

Figure 4: Microscopic Examination showing round neoplastic cells arranged in rossets, clusters and small sheets. Prominent perivascular rossets with fibrillary structures

Discussion

Till date, only six cases of purely cortical supratentorial extraventricular ependymomas have been reported in literature [1-3]. Supratentorial ependymomas represent a subgroup with a comparatively better prognosis when compared to infratentorial ependymomas. This may be related to the fact that total resection is more commonly achieved in supratentorial tumors. Adults have a better five-year survival than children. Children less than 2.5 years of age, have a significantly worse prognosis than older children [4]. In the young children, five-year survival is 22.40% as compared to 60.75% in older children [4]. Prognosis in children older than five years is same as that of adults [4]. Outcome can be better correlated when age at diagnosis is considered along with extent of surgical resection [4]. The need for postoperative adjuvant therapy has been controversial for supratentorial ependymomas. In general, it is considered safe to observe the patient when postoperative CT or MR shows gross total excision, particularly when the tumor is of low grade [5]. Even in the presence of recurrence some authors suggest total excision by a second operation. Thus, the option for postoperative radiation is only for high-grade tumors and tumors in locations where total excision is not possible [5].

Conclusion

Pure cortical supratentorial extraventricular ependymoma in paediatric age group is a rarity.

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