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Gamma-knife therapy in intracranial Langerhans cell histiocytosis with systemic involvement





Fig. 4. (A) Follow up imaging after a year showing resolution of lesion 1. (B) Follow up imaging after a year showing reduction in the volume of lesion 2.

A 49 yr old male[†] referred to Gamma Knife Center, department of Neurosurgery, All India Institute of Medical Sciences (AIIMS), New Delhi, India, with retromastoid pain in the month of

[†]Patient's consent obtained to publish clinical information and images.

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November 2018. He was previously diagnosed with Langerhans cell histiocytosis (LCH) with systemic involvement (lungs and cervical lymph nodes) confirmed by biopsy (Fig. 1) and had received chemotherapy (Vinblastine) and radiotherapy for the same in 2012. After remaining asymptomatic for six years, he presented with left hemiparesis. Computed tomography revealed lytic lesion involving right petrous bone, occipital bone and posterior elements of C1 and 2. Magnetic resonance imaging (MRI) revealed the right thalamic and left petrous temporal lesion. Gamma Knife (GK) was done with 18 Gy each to both the lesions in a single session (Figs 2 and 3). Follow up at one year with MRI revealed decreased size and enhancement of both lesions (Fig 4) and clinical improvement.

Intracranial, non-hypothalamus LCH is rare, and this may be the first report from the

Indian subcontinent showing effective use of GK radiosurgery, with good tumour local control and no adverse effects.

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Conflicts of Interest: None.

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