

Recurrent Inoperable Glioblastoma: a Complete Response

Glioblastome récurrent inopérable : une réponse complète.

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DOI: <https://doi.org/10.48087/BJMSci.2018.5132>

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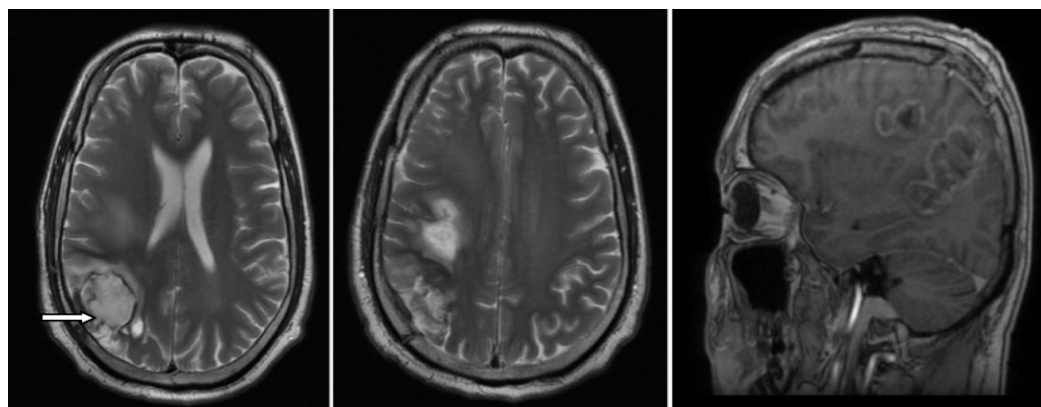


Figure 1. Cerebral MRI: parietal and parieto-temporal tumor.

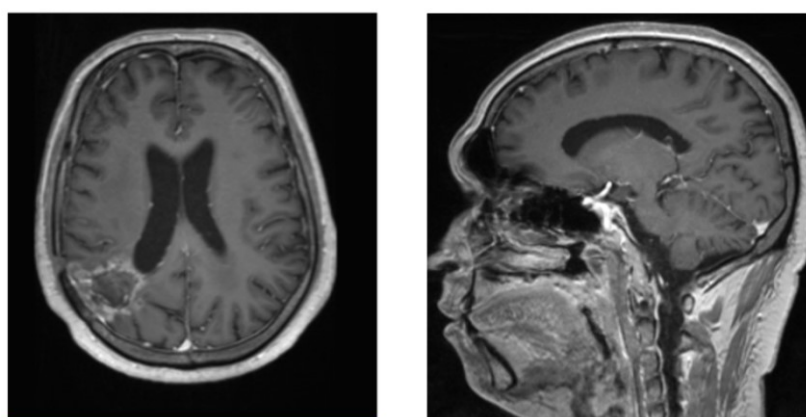


Figure 2. Cerebral MRI After Temozolomide. Residual occipital hematoma. A complete remission

The management of recurrent glioblastoma is very difficult, especially in important relapses where the stage is no longer surgical, and the patient has already benefited from radiotherapy. In this case, the treatment remains medical, based on Temozolomide or Bevacizumab, with uncertain results.

We report the case of a 43-year-old man who presented for recurrent, high-grade glioblastoma.

Our 43-year-old patient was followed for a posterior right parietal glioblastoma (4.6 x 5.4 x 6.6 cm) of high grade (figure 1). He had undergone a macroscopically complete surgery in addition to concomitant radio-chemotherapy with Temozolomide (Stupp*). The patient had received one cure of Temozolomide as adjuvant treatment before he relapsed, the cerebral MRI showed a right temporal parietal tumor of 34 x 17 mm (figure 2) with another one of 45 x 40 x 68 mm in the right parietal fossa.

We decided to keep the patient with Temozolomide 200 mg/m². After 4 cycles, the MRI showed stability, so we added more cures for a few months, the patient overall received 14 cures. Cerebral MRI showed a complete response and he is still under Temozolomide.

The recurrence in glioblastoma correlates with a limited survival, so the choice of treatment remains a real challenge for the clinician, especially when only few options are available. In our case, the complete response allows us to inquire if there are unknown predictive factors or biomarkers to justify these results.

Déclaration d'intérêts : les auteurs ne déclarent aucun conflit d'intérêt en rapport avec cet article.