Primary Intracranial Liposarcomas

To THE EDITOR: I was interested in the discussion of primary intracranial liposarcomas between Mufti and Anderson (Mufti ST: Primary intracranial leiomyosarcoma. Letter to the Editor; and Anderson WR: Response. J Neurosurg 54:283, February, 1981). I wish to draw attention to three further cases. One instance was cited as a personal communication to us. 6 The second patient was a man described by Berger 2 in whom a liposarcoma arising in the region of the right cerebellopontine angle had extended through the ipsilateral jugular foramen to form both intracranial and extracranial masses. We have also noted, in reporting a case of mixed liposarcomatous meningioma and gliomas, 3 that liposarcoma may be a component of the intracranial bidermal tumor.

In the original article by Anderson, et al., 1 the authors asserted that primary intracranial mesenchymal tumors are exceedingly rare, and cited some reported examples, including fibroblastomas, fibrosarcomas, liposarcomas, chondrosarcomas, mesenchymal tumors with chondroid and osseous metaplasia, and those with muscular elements. These tumors may be more common than they claim, because they did not include intracranial meningiomas, neurilemmomas, tumors of the reticuloendothelial tissue (such as primary lymphomas), and unclassified sarcomas.

Although meningiomas and neurilemmomas have been considered as neuroectodermal neoplasms, their behavior does not conform to that of any neuroectodermal tumor. For example, most meningiomas and neurilemmomas are circumscribed, and contain numerous reticulin fibers. By contrast, most neuroectodermal tumors, such as gliomas, are infiltrative and have few, if any, reticulin fibers. It is therefore more reasonable to regard meningiomas and neurilemmomas as mesenchymal neoplasms. 4

When intracranial meningiomas, neurilemmomas, tumors of the reticuloendothelial tissue, and other primary sarcomas are included with those reported by Anderson, et al., 1 the incidence of primary intracranial mesenchymal tumors becomes higher. Mesenchymal tumors comprised 22.2% of 1028 intracranial neoplasms in our series including patients of all ages, ranking second to neuroepithelial tumors in incidence. 6 It would be more appropriate to say that primary intracranial mesenchymal tumors are common, but primary malignant intracranial mesenchymal neoplasms, such as leiomyosarcomas, liposarcomas, and rhabdomyosarcomas, are rare.

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References

Treatment of Chronic Subdural Hematomas

To THE EDITOR: In a recent review of chronic subdural hematomas (SDH) by Markwalder (Markwalder TM: Chronic subdural hematomas: a review. J Neurosurg 54:637-645, May, 1981), several papers are cited as using craniotomy and membranectomy in cases of SDH, one of which is mine. 4 There have been other occasions when my paper has been quoted as favoring an osteoplastic flap for this condition, 1,3 although Cooper 2 admitted subsequently that this was a misquotation.

My original paper 4 concerned 18 patients treated