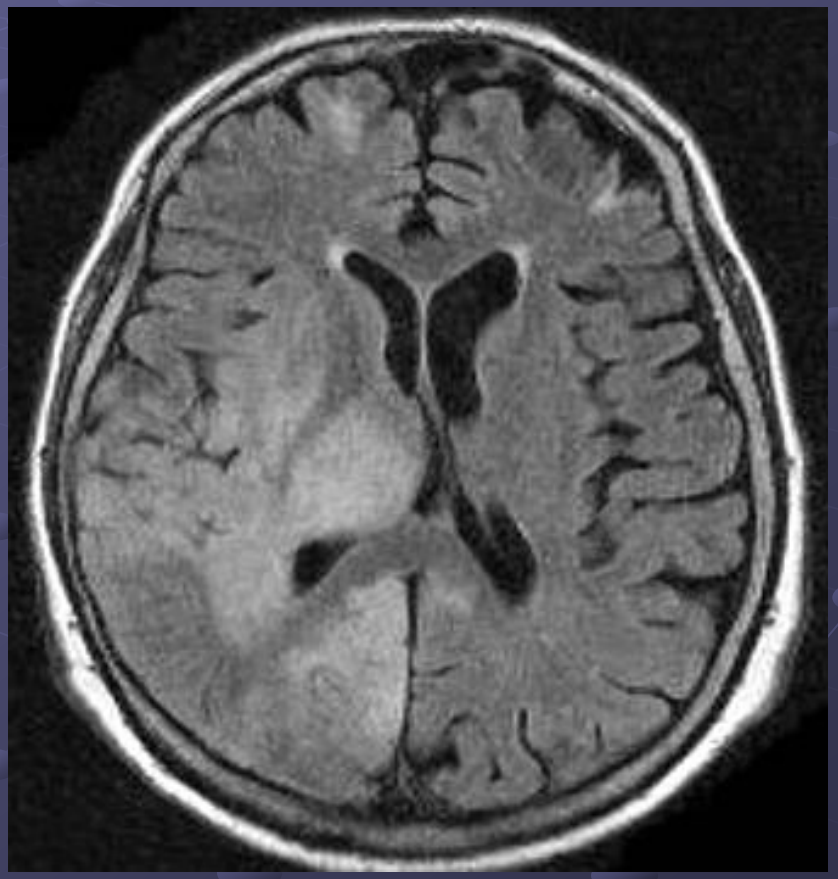
WHO 2016

- Deleted from the 2016 CNS WHO classification as a distinct entity,
- considered a growth pattern found in many gliomas, including
- IDH-mutant astrocytic and oligodendroglial tumors as well as IDH-wildtype glioblastomas [4, 13].
- Thus, widespread brain invasion involving three or more cerebral lobes, frequent bilateral growth and regular extension to infratentorial structures is now mentioned as a special pattern of spread within the discussion of several diffuse glioma subtypes. Further studies are needed to clarify the biological basis for the unusually widespread infiltration in these tumors

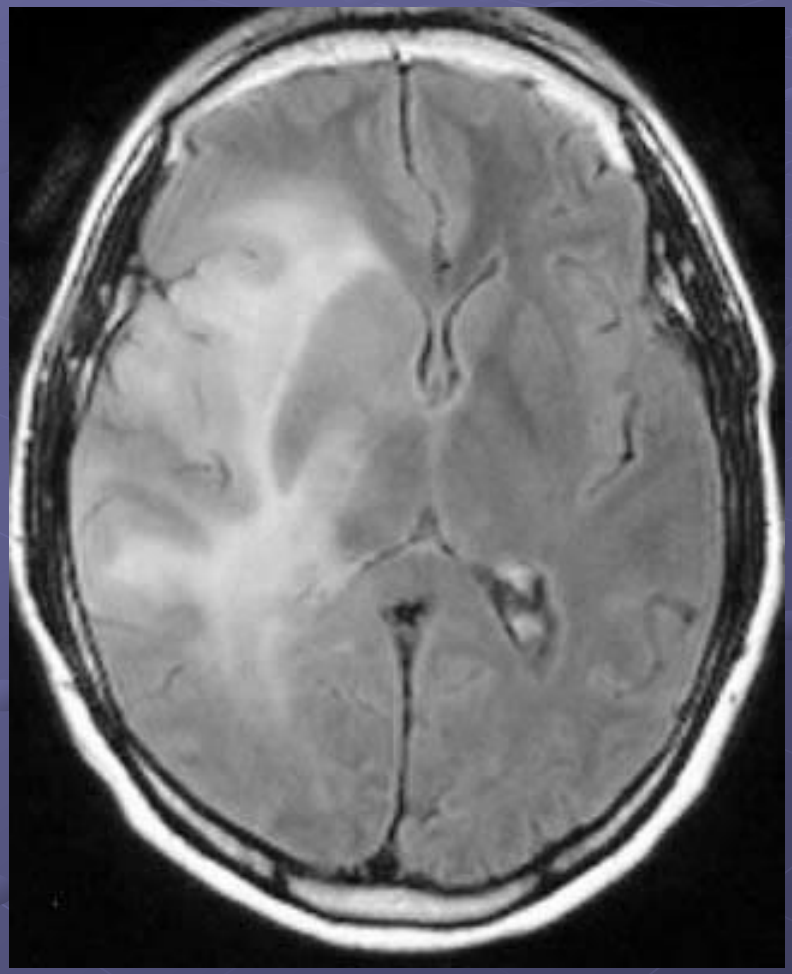
Gliomatosis cerebri

- Diffusely infiltrating, frequently bilateral glial tumor involving at least 3 lobes
- Infiltrative extent of tumor is out of proportion to histologic and clinical features.
- Typically no or minimal enhancement.
- Usually WHO grade III; range grade II-IV

Gliomatosis cerebri or a diffuse infiltrating astrocytic tumour



Gliomatosis cerebri

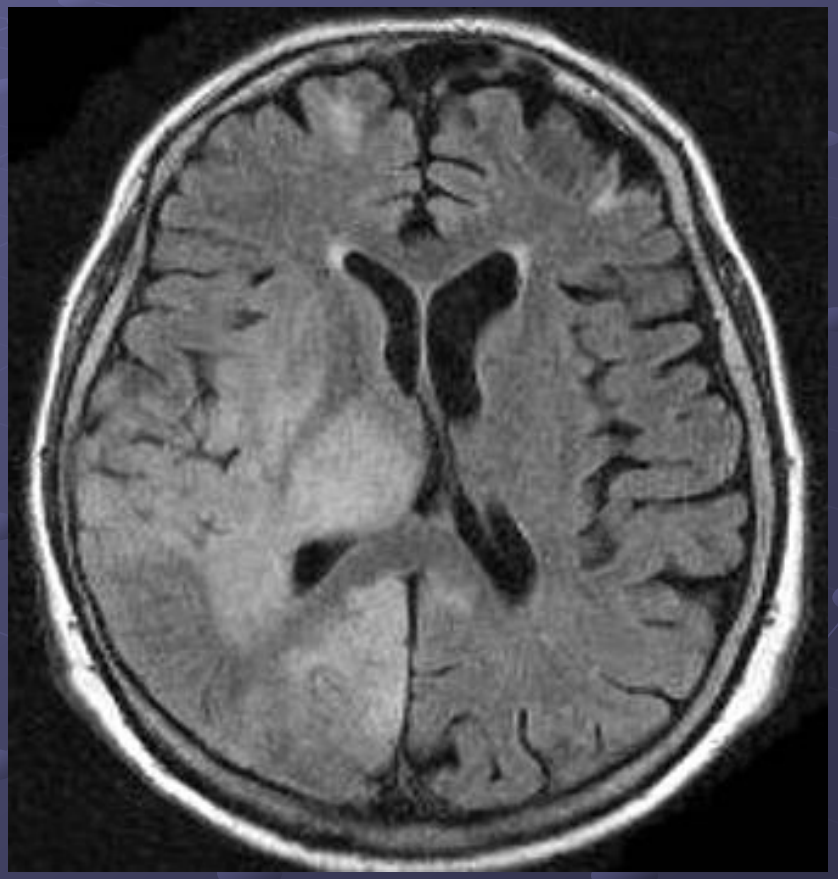


Rare primary brain tumor characterized by diffuse infiltration of the brain with neoplastic glial cells that typically involve multiple brain areas.

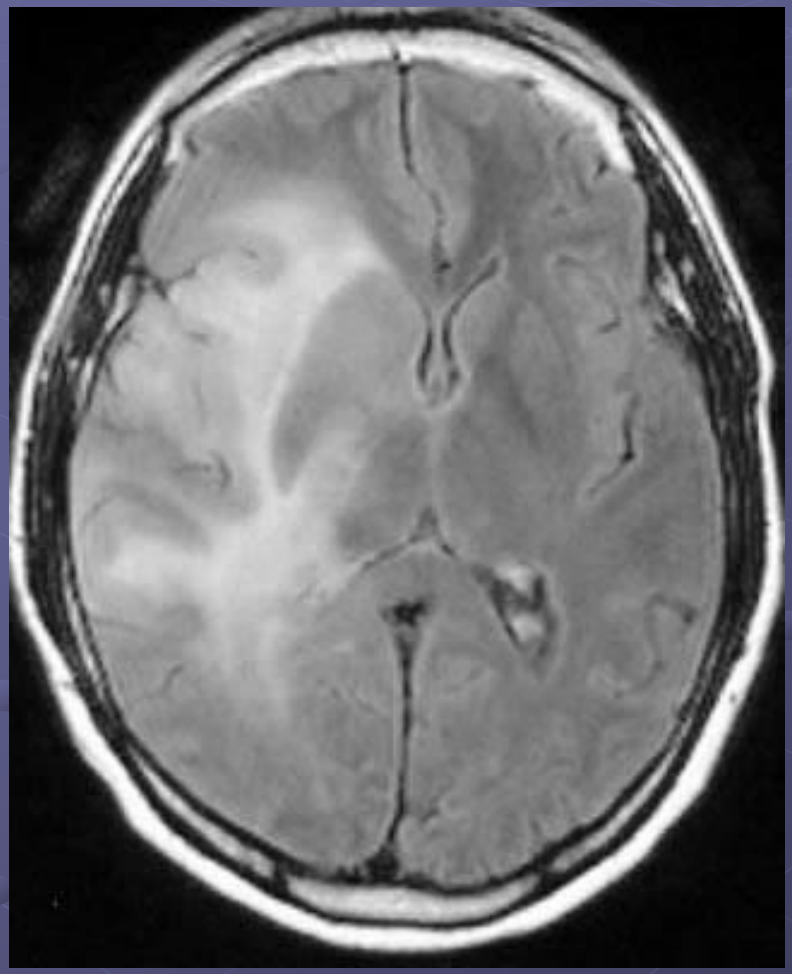
Represents an extreme form of diffusely infiltrating glioma

Differential diagnosis of this disorder: multiple sclerosis, leukodystrophy, ischaemic lesions, infiltrative conventional gliomas and inflammatory or infectious processes.

Gliomatosis cerebri or a diffuse infiltrating astrocytic tumour



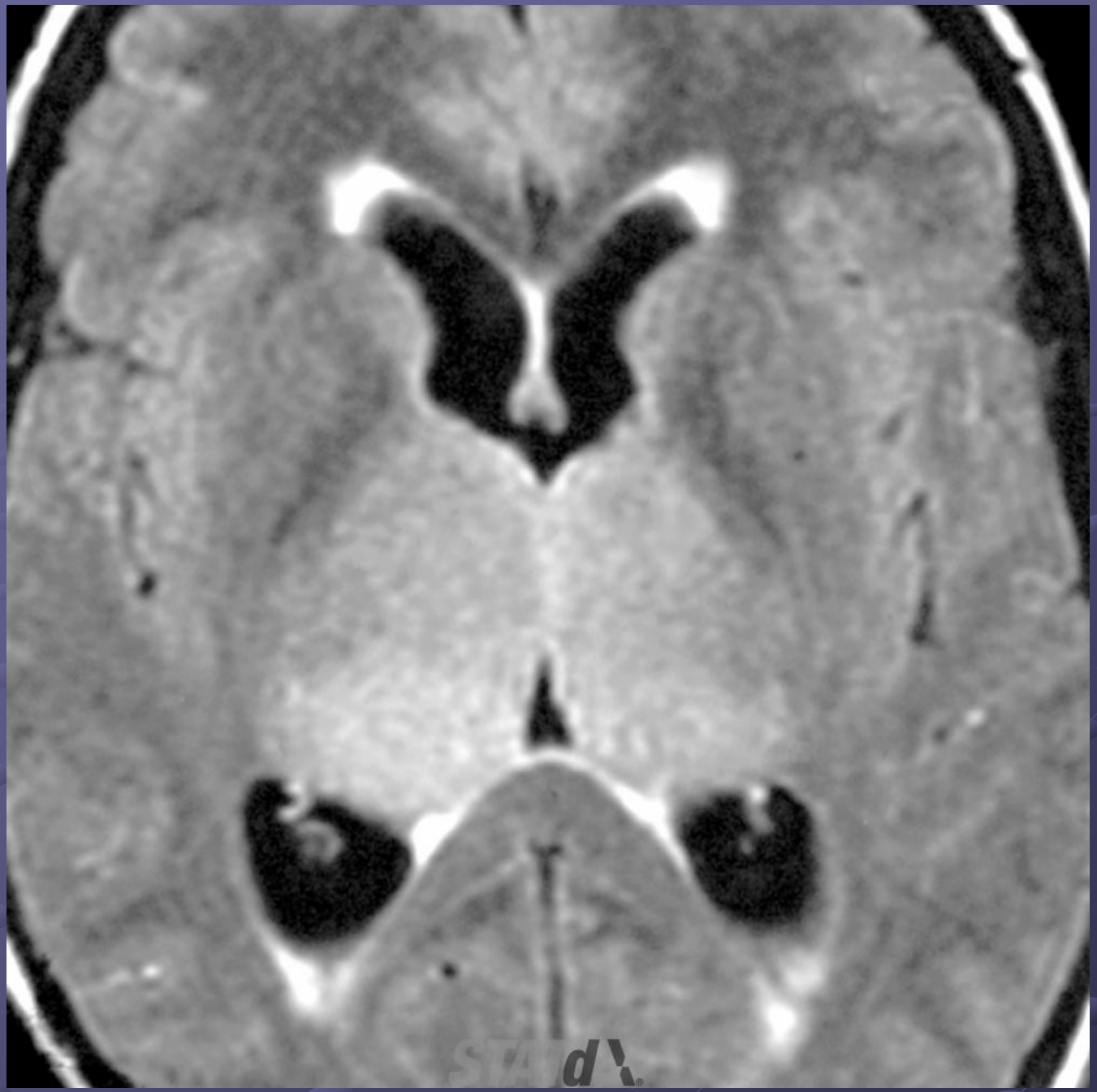
Gliomatosis cerebri



- Rare primary brain tumor characterized by diffuse infiltration of the brain with neoplastic glial cells that typically involve multiple brain areas.
- Represents an extreme form of diffusely infiltrating glioma

- Differential diagnosis:
  - multiple sclerosis
  - Leukodystrophy,
  - Ischaemic lesions,
  - Infiltrative conventional gliomas
  - Inflammatory or infectious processes.

Axial FLAIR MR in a 45-year-old patient with headaches shows diffuse periventricular hyperintensity with mild mass effect and subtle ventricular effacement. Involvement of 2 or more lobes is typical of GC.



Axial FLAIR MR shows diffuse hyperintensity of thalami with extension across the massa intermedia and hydrocephalus. The patient also had involvement of the midbrain, pons, and temporal lobes. This case was proven to be GC.