Presumed Glioblastoma Multiforme: A Case for Biopsy Prior to Treatment

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Glioblastoma multiforme (GBM) is the most lethal and aggressive primary brain tumor. Several other abnormalities (neoplastic, infectious, or vascular) can mimic symptoms seen with GBM. This article reviews GBM and presents a case study that demonstrates the rationale for biopsy and pathologic diagnosis prior to the initiation of treatment for malignant brain tumors.

At a Glance
- Many conditions present as clinical mimics of glioblastoma multiforme.
- Surgical intervention allows for biopsy, which permits accurate clinical diagnosis and possible debulking of tumor mass.
- Pathologic diagnosis enables safe and effective treatment decisions and planning.

Case Study

C.C. is a 71-year-old right-handed retired man who was in good health until four weeks prior to evaluation. He had noted difficulty reading and an inability to see letters on the left side of the page. An ophthalmologic examination revealed a left homonymous hemianopsia, a visual defect involving visual loss on the same side of both eyes. Magnetic resonance imaging (MRI) revealed a contrast enhancing right occipital lesion with significant vasogenic edema. C.C. was started on dexamethasone 4 mg orally three times a day and referred to a neurosurgeon. His prior medical history was negative. A review of systems was negative with the exception of visual changes. C.C. is retired and widowed, and he is living with a female partner. He did not have a history of smoking or of drug use or abuse. He reported no recent foreign travel. On physical examination, he had left homonymous hemianopsia involving visual loss on the same side of both eyes. Magnetic resonance imaging (MRI) revealed a contrast enhancing right occipital lesion with significant vasogenic edema. C.C. was started on dexamethasone 4 mg orally three times a day and referred to a neurosurgeon.

Epidemiology

The incidence of gliomas, like many cancers, is associated with aging; this diagnosis occurs more often in older...