

Commentary for Radiation Induced Sphenoid Wing Meningioma

I read with interest the manuscript, “Sphenoid wing *en plaque* meningioma development following craniopharyngioma surgery and radiotherapy: Radiation-induced after three decades.” Good follow-up of the patient for more than three decades has enabled them to diagnose this event on time and treat it appropriately. We had the opportunity to report different kinds of central nervous system (CNS) pathologies occurring after radiation of CNS and highlighted some points worthy of reminding for the researchers which may encounter similar cases; (1) In contrast to radiation-induced meningiomas (RIMs) occurring in adults, those in pediatric patients show an increased incidence of multiplicity on the first presentation and unusual histological variants. There may be no difference in the MIB-1 labeling index in children with RIMs as compared with that in children with non-RIMs. (2) Cytogenetic analysis showed multiple clonal aberrations in all tumors studied. The most frequent aberrations were found on chromosomes 1p, 6q, and 22. Derivative, lost, or additional chromosome 1p was found in 89% of cases and loss or deletion on chromosome 6 was found in 67%.^[1-3]

We would like to suggest that all the new specimens withdrawn from such cases are better to be analyzed fully to elucidate the pathophysiology of RI tumors of CNS.

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