Choroid Plexus Carcinoma is a rare malignant intra-ventricular neoplasm of pediatric age group. Rarely, it may be seen in older individuals. Surgery followed by Radiotherapy is the main treatment strategy. A 26 yrs old male patient with Choroid Plexus Carcinoma is reported. Pre-operative and post-operative radiological imaging done following sub total excision of tumour, suggestive of residual tumour. Patient then followed by cranio spinal irradiation. patient is on follow-up with complete regression of tumour.

Case History:
A twenty-six years old male patient was admitted to our hospital with complaints of headache for two months, convulsion two episode, and vomiting for fifteen days. Bilateral papilledema was detected during the fundus examination. Magnetic resonance imaging(MRI) Brain suggestive of left ventricular space occupying lesion (figure 1,2).

Patient underwent surgery left parietal craniotomy with subtotal excision of tumour. Histopathological examination (HPE) suggestive of choroid plexus carcinoma (figure 3).

Immunohistochemistry (IHC) suggested high MIB 1 index more than 15%.

Post-operative MRI Brain suggestive of Residual lesion in Left high parietal region in the fourth ventricle with perilesional edema.

Patient was on first follow up. MRI brain was performed suggested post radiotherapy gliotic cavity with complete regression of tumour (figure 5).
complete regression of tumour with post op gliotic cavity in left ventricular region.

Discussion:
Choroid Plexus Carcinomas are rare intra-ventricular neoplasms derived from Choroid Plexus epithelium, and accounts for only between 0.4-0.6% of all intracranial and 2-3% of pediatric neoplasms. Choroid Plexus papilloma to carcinoma ratio of 5:1, around 80% of Choroid Plexus Carcinomas are in children. Clinically this group of tumours tends to cause hydrocephalus and increased intracranial pressure. There are fifteen cases reported of choroid plexus carcinoma in 2000 and pointed out that main symptom of this tumour is hydrocephalus (62.5%), intracranial hypertension (25%), convulsion (12%). In our patient hydrocephalus was present at time of admission and papilledema was the main neurological finding. The MRI features of our patient supported the diagnosis of Choroid Plexus papilloma, but Choroid Plexus Carcinoma was identified by histopathological examination following surgery. So it has been stated that pathologist should consider malignant tumour in differential diagnosis of intraventricular neoplasm.

Choroid Plexus Carcinoma is a rare and frequently lethal tumour, its cure depends on the achievement of Gross total resection. Study suggested that the contribution of Adjuvant therapies both irradiation and chemotherapy in the context of Gross total excision is unclear, but where such resection is not possible there may be a role for adjuvant therapy to permit more nearly complete resection. We prefered irradiation following sub total excision of the tumour in our patient and obtained a good result in the short term.

In a study pre-operative use of chemotherapy also reported. It useful for volumetric reduction of tumour size.

CONCLUSION:
Choroid Plexus Carcinoma should be kept in mind in the differential diagnosis of all intraventricular mass lesion during the Radiological examinations especially in adult patients. Early surgical resection and irradiation is an effective protocol to achieve good results.

REFERENCES: