Intratumoral hemorrhage after thrombolysis in a patient with glioblastoma multiforme

An 80-year-old man presented with acute-onset aphasia, right facial weakness, and homonymous hemianopsia. Noncontrast CT (figure 1) demonstrated subtle mass effect in the left parietal region, which was attributed to an acute stroke. He received IV tissue plasminogen activator (IV-TPA) within 2 hours of onset. Twenty hours later, he worsened, and CT (figure 2, A and B) revealed a left temporoparietal hemorrhage.

He improved over the next 2 months; follow-up MRI (figure 2, C and D) revealed an enhancing mass at the site of prior hemorrhage. Resection revealed a glioblastoma multiforme.

This case highlights the challenges of interpreting the initial CT, recognizing stroke mimics, and the risk of IV-TPA in nonstroke conditions. Mild mass effect is never seen on CT within 2 hours of stroke onset. If this finding is observed, the history should be revisited to clarify the timing of stroke onset. In this case, interpreting the initial head CT was especially difficult because of the streak artifact through the left temporal lobe.

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Figure 1 Noncontrast CT at presentation

Figure 2 Follow-up CT 20 hours after presentation (A, B); MRI (C, D) 2 months later
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