Table 1: Summary of reported solitary fibrous tumors (A) and hemangiopericytomas (B) of the pineal region

			A: Solitar	Y FIBROUS TUMOURS			
AUTHOR	AGE/ SEX	CLINICAL PRESENTATION	IMAGING FINDINGS	HISTOPATHOLOGY	TREATMENT AND OUTCOME	FU (MONTHS)	RECURRENCE
Zhang J. <i>Neuropathol</i> 2010; 30:294-8	49F	HA with slowly progressive weakness of right lower limb and upgaze palsy over 1 year	T1: isointense T1c: homogeneously enhances T2c: strong enhancement	Vimentin, CD34 and CD99 immunoreactivity, mitotic activity: 5/10 hpf	STR only	10	No
Jang SJ. Neuropathol 2013; 33:288-91	50F	HA and blurred vision for one month	Contrast enhancing mass with cystic changes in the pineal region.	Two distinct patterns: 1) 85% low grade astrocytoma 2) Malignant SFT:15% marked perivascular proliferation of short atypical spindle cells in collagenous stroma, sprominent nuclear atypia. Frequent mitoses: 8/10 hpf	STR + RT and chemo	16	Yes
Wen G. Int J Clin Pathol 2014; 7:3444-8	44F	5 days of history and HA and dizziness	T1: low signal T2: high signal Marked contrast enhancement of solid portion	'Patternless' cellular proliferation with dense collagen deposition. Vimentin, CD34 and 99 immunoreactivity. No mitotic activity. Ki- 67 proliferation index 5%	GTR with good recovery	6	No
	52M	1 week of numbness and weakness in all 4 extremities	Low signal on both T1 and T2. Marked heterogeneous enhancement	Vimentin, CD34 immunoreactivity, EMA neg. Ki-67: 1%	STR lost to FU after 3 months	3	NA
Kameda-Smith MM	72M	3 month slowing of gait and instability and intermittent blurring of vision	Heterogeneously enhancing pineal region lesion with mass effect on the 3 rd ventricle	Patternless spindle cell proliferation. Bcl2, CD34, CD99 and vimentin immunoreactive, Ki-67: 1%	STR significant residual	Stable residual (11 years of follow up from onset)	Stable residual
				NGIOPERICYTOMAS			
Olson JR. J Neurol Neurosurg Psychiat 1969; 32-445-9	28M	Severe HA for 1 month, 1 week vomiting, diplopia and confusion	Brain scan with 700µc mercury ²⁰³ showed midline lesion	Reticulin fibers surrounding individual cells, staghorn thin-walled capillaries, 1 mitosis/ 2hpf	GTR. Died 12 hours post-op.	12 hours	n/a
Stone JL. Surg Neurol 1983; 19:181-9	27F	Severe HA for 3 months with decreasing vision for 1 week	CT: large enhancing lesion in the pineal region	Highly cellular, distinct ovoid hyperchromatic atypical nuclei, frequent slit-capillaries, rich reticulin fibers, "occasional mitosis"	STR x2 and eventual GTR and insertion of ventriculoperitoneal shunt	18 months	Yes
Sell JJ. Diagnostic Neurorad 1996; 38:782-4	31F	HA for 'several years' which was increasing in severity over 3 weeks, blurred vision and diplopia for 3 days	T1 intermediate signal T2 high signal with intense homogeneous contrast enhancement	"Hemangiopericytoma"	GTR. Severe hemorrhage at the time of surgery	n/a	n/a
Jian BJ. Neurosci 2010; 17:1209-11	56F	HA, progressive decline in alertness and cognitive deterioration	Very large heterogeneously enhancing mass in the pineal region	Numerous "staghorn" vascular branches, tightly packed oval and spindled cells, CD34 positive.	ETV and subsequent GTR, adjuvant RT	48	No
Hasturk AE. Neurosci 2011; 16:159-61	37F	HA, vomiting and memory loss for 2 days	Mass lesion in the pineal region with perifocal edema	Oval-round spindle cells, "excessive mitotic figures". Strongly positive for vimentin and CD31. "Grade II hemangiopericytoma"	GTR + adjuvant RT	n/a	No
Maiti TK. Neurol India 2014; 62:460-2	24F	HA and vomiting for 1 month	T1 iso- to hypointense T2 hyperintense Enhancing intensely on contrast	Large dilated staghorn vascular channels and foci of stromal hyalinization. Mitotic index exceeds 5/10 hpf. No necrosis. Strong CD 34immunoreactivity No. GFAP: alial fibrillary acidic protein STR	GTR and adjuvant 50Gy RT in 25 fractions	12	No

FU: follow-up; HA: headache; hpf: high power field; EMA: epithelial membrane antigen, GFAP: glial fibrillary acidic protein, STR: subtotal resection; GTR: gross total resection R-residual, ETV: endoscopic third ventriculostomy; RT: radiotherapy