REVISTA NEUROCIÊNCIAS

Diploic meningioma with intracranial invasion

Meningioma diploico com invasão intracraniana

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CASE REPORT

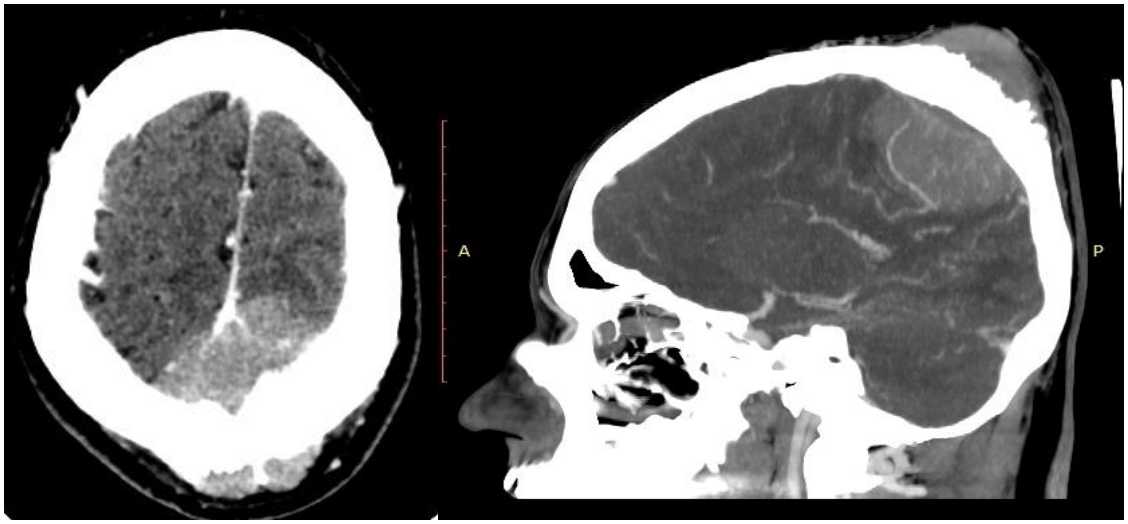
44-year-old male with a progressive painless swelling on the top of his head during the last 10 months with headache. Physical examination revealed approximately 4 by 5 cm of swelling, firm in consistency.

Imaging

Contrast-enhanced computed tomographic revealed a 7.8cm by 6.3cm by 5.7cm homogenously enhancing soft tissue mass in the sagittal part of head that went through the skull. The mass was causing bone destruction with presence of extracranial soft tissue. The transcranial aspect of the tumor was clearly visualized on sagittal

reconstruction (Figure 1). The histopathological assessment demonstrated a diploic meningioma (meningothelial).

Figure 1.



CONCLUSION

Intradiploic meningiomas are a rare kind of extradural meningiomas (less than 2%)[1,2] with higher incidence in patients about 20 years old[3]. Frontoparietal and orbital regions are the most committed places. Usually the patients do not have neurologic symptoms or signs, localized swelling can lead to compressive symptoms: hearing loss, tinnitus, visual disturbance, and headache[3,4]. The mechanism of intradiploic meningiomas development remains unkown[5].

Neuroimaging could reveal hyperostosis in 65% and osteolysis in 35% at CT scan MRI can be helpful to access extraosseous extension[4]. Although the majority of cases present with a slow-growing bone mass without pain, the

possibility of malignant growth with intracranial invasion should be highlighted. It is advised that subjects must be closely monitored.

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