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Clinical Image

A Large Meningioma

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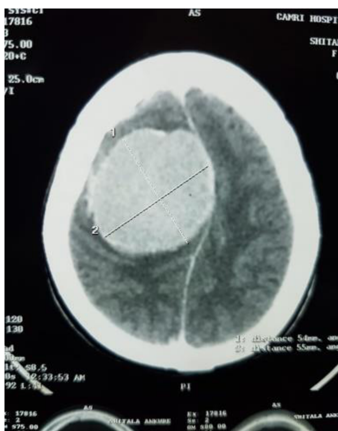
A female patient aged 45 years presented to the Neurosurgery outpatients' department with the complaints of headache associated with vomiting. The symptoms started 6 months back. Neurological examination revealed mild weakness of the left side of the body . CT-Scan with contrast of the brain showed a large meningioma (right) at the frontoparietal region of the brain with midline shift. Surgery was undertaken for removal of the tumor by craniotomy using microsurgical technique. Histopathological examination of the tissue from the tumour revealed it to be a fibrobrous meningioma.



The human brain is covered by three layers of meninges- duramater, arachnoidmater and piamater (from outside to inside). Meningiomas arise from arachnoid cap-cells. It is the commonest tumour in the head. It can occur at any age, but the elderly people are more affected. The tumour occurs more commonly in women. The patient may not have any complaints at the beginning. Subsequently, the patient complains of headache and vomiting. It is a slow growing tumor, *that typically behaves in a benign manner*.

As it increases in size, it compresses the adjacent brain tissue and gives rise to increase in intracranial pressure. Papillidema is seen through an Ophthalmoscope. Convulsions may occur. Visual disturbances, loss of smell, memory loss, weakness or paralysis of the limbs may be other manifestations. Meningioma of the olfactory groove causes papillidema in one eye and optic atrophy in the other eye. This is known as Foster-Kennedy Syndrome. When the tumour is of small size immediate surgical intervention may not be required as it grows very slowly. However close monitoring is needed.