Meningioma associated with non-traumatic subdural hematoma: an outstanding appearance of this common intracranial tumor

Meningioma intracraniano associado a hematoma subdural não traumático: uma apresentação excepcional deste tumor intracraniano frequente

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A 52-year-old man presented with a sudden progressive headache complicated on admission by a left hemiparesis. No history of trauma, alcohol abuse or concurrent systemic disease was confirmed. Imaging investigation depicted acute subdural hematoma (SDH) associated with an extra-axial tumor (Figure).

A combination of several pathogenetic mechanisms has been hypothesized to explain this very rare association of intracranial meningiomas with spontaneous SDH¹². Meningioma is generally located on the convexity; however, no particular subtype of this tumor seems to predispose to this complication¹². We consider that herein reported imaging features might support the diagnosis before surgical approach.

Figure. Meningioma associated with non-traumatic subdural hematoma. Axial computed tomography scan (A) showed heterogeneous subdural hemorrhage (arrowheads) associated with a dural attached tumor on right parietal convexity (asterisk). Axial T1 weighted image (B) and T2 gradient echo sequence² (C) distinguished both extra-axial contents, clot (arrowheads) and tumor (*). Comparative axial T1 weighted image post-gadolinium administration (D) depicted intense tumor enhancement (*). No enhancement was noticed on subdural hemorrhage (arrowheads). Surgical pathology (hematoxylin and eosine staining) confirmed a meningioma (grade I) with prevalent features of the meningothelial subtype associated with hemorrhage (E).

References


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