Primary meningeal melanoma with cerebrospinal fluid dissemination mimicking neurofibromatosis type 2

Melanoma meníngeo primário com disseminação liquórica mimetizando neurofibromatose tipo 2

Marcos Rosa Júnior¹, Luciene Lage da Motta², Fabrizio Scardino³

A 38-year-old man admitted with headache, left paresis and bilateral sensorineural hearing loss. Neuroimaging showed a peripheral frontal tumor with hyperintensity on T1WI and bilateral internal auditory canal (IAC) lesions. (Figures 1, 2 and 3). The presence of hyperintensity on T1WI, without fat or hemorrhage should direct for lesions containing melanin¹. Resection of the frontal tumor diagnosed a primary malignant meningeal melanoma with cerebrospinal fluid dissemination once the patient has no melanocytic lesions outside the CNS. The melanocytic lesions ranges from melanocytoma to melanoma²³⁴⁵. Malignant melanoma should be included in the differential diagnosis of neoplastic CSF dissemination with bilateral IAC lesions mimicking schwannomas in NF2.

Figure 1. Non-contrast CT showed a right frontal hyperdense tumor (arrowhead).

Figure 2. MRI showed a frontal peripheral tumor with signal hyperintensity on T1WI (arrowhead) (A), signal hypointensity on T2WI (arrowhead) (B) and enhancement after contrast administration (arrowhead) (C), without hemorrhage on T2 gradient-echo (D).

Figure 3. FLAIR showed bilateral IAC lesions (arrowheads) (A), which increased over the following 30 days (arrowheads) (B) mimicking bilateral acoustic schwannoma in neurofibromatosis type 2.

¹Universidade Federal do Espírito Santo, Seção de Radiologia, Vitoria ES, Brazil; ²Laboratório de Cito e Histopatologia Virchow, Vitoria ES, Brazil; ³Hospital Estadual Jayme Santos Neves, Seção de Neurocirurgia, Serra ES, Brazil.

Correspondence: Marcos Rosa Júnior; Centro de Ciências da Saúde, UFES; Avenida Marechal Campos, 1468; 29043-900 Vitória ES, Brasil; E-mail: marcos.rosa@ufes.br

Conflict of interest: There is no conflict of interest to declare.

Received 26 December 2014; Received in final form 19 February 2015; Accepted 13 March 2015.
References


