Dural metastasis of prostate adenocarcinoma with spontaneous subdural hematoma: an unusual mimicker of meningioma

Metástase dural solitária de adenocarcinoma de próstata mimetizando meningioma: disseminação incomum de uma neoplasia frequente

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A 65-year-old male presented with abrupt onset of right hemiparesis. He was previously diagnosed with advanced adenocarcinoma of the prostate. Magnetic resonance imaging showed an extra-axial expansile lesion, located in the left perirolandic region associated with a nontraumatic subdural hematoma. Histopathology and immunohistochemistry of the lesion revealed metastatic prostate adenocarcinoma (Figure 1 and 2).

Dural metastasis from prostate adenocarcinoma is a rare condition, responsible for 1% of all cases1. Pathogenetic mechanisms include hematogenous spread and surgical seeding2. A dural metastasis usually presents as a solitary mass with avid contrast enhancement. Bone erosion and nontraumatic subdural hematoma may rarely be seen3.

Figure 1. Computed tomography shows an oval extra-axial lesion (black arrow) on the left parietal convexity, with intense and homogeneous enhancement in the post-contrast phase (a). Note the sclerotic bone associated (white arrow), suggesting osseous infiltration (b).
References


Figure 2. Magnetic resonance shows left periorbital extra-axial expansile lesion (black arrow), hyperintense in T2-weighted images, associated with vasogenic edema (black arrowhead) and with sclerotic adjacent bone (white arrow) (a, b). Single-voxel proton spectroscopy showed absence of NAA and creatine peaks with increased choline (Cho) and large lipid/lactate peaks, suggesting metastatic origin (c). Also note left subdural hematoma (white arrowhead) (b, d).