

Vascular: This presentation, although rare, should be considered. Meningiomas of the skull base may narrow and even occlude important cerebral arteries, possibly presenting either as transient ischemic attack (TIA)-like episodes or as stroke.

Subfrontal

Change in mentation, apathy or disinhibited behavior, urinary incontinence

Olfactory groove

Anosmia with possible ipsilateral optic atrophy and contralateral papilledema (this triad termed Kennedy-Foster syndrome)

Cavernous sinus

Multiple cranial nerve deficits (II, III, IV, V, VI), leading to decreased vision and diplopia with associated facial numbness

Optic nerve

Exophthalmos, monocular loss of vision or blindness, ipsilateral dilated pupil that does not react to direct light stimulation but might contract on consensual light stimulation; often, monocular optic nerve swelling with optociliary shunt vessels

Sphenoid wing

Seizures; multiple cranial nerve palsies if the superior orbital fissure involved

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