

Central skull base meningioma

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Posterior clinoid process meningiomas are extremely rare lesions and comprise about 0.7% of central skull base meningiomas

Clinical and radiological features or characteristics of posterior clinoid process (PCP) meningiomas have rarely been described because of their extreme scarcity and terminological confusion.

Geng et al. subdivided the dorsum sellae meningiomas into two groups:

Type 1 (dorsum sellae, inferior third ventricle type)

Type 2 (dorsum sellae, third ventricular type), depending upon the site and direction of growth ^{1) 2) 3)}.

Lesions in this region are primarily of two anatomic types:

Centrally placed meningiomas located between the two posterior clinoid processes (PCPs) and arising from the dorsum sellae or upper clival region - which should be referred to as dorsum sellae or upper clival meningiomas.

Eccentrically placed meningiomas centered on the PCP are true posterior clinoid process meningiomas ⁴⁾.

1)

Geng SM, Zhang JT, Zhang LW, Wu Z, Wang ZC. Optimal microsurgical treatment of dorsum sellae meningioma. Chin Med J (Engl) 2009;122:1857-61.

2)

Nakamura M, Samii M. Surgical management of a meningioma in the retrosellar region. Acta Neurochir (Wien) 2003;145:215-9.

3)

Shukla D, Gangadharan J, Kakati A, Devi BI. Posterior clinoid process meningioma. Clin Neurol Neurosurg. 2013 Aug;115(8):1517-9. doi: 10.1016/j.clineuro.2012.12.007. Epub 2013 Jan 11. PubMed PMID: 23313105.

4)

Sodhi HB, Singla N, Gupta SK. Posterior clinoid meningioma: A case report with discussion on terminology and surgical approach. Surg Neurol Int. 2015 Feb 11;6:21. doi: 10.4103/2152-7806.151261. eCollection 2015. PubMed PMID: 25722927; PubMed Central PMCID: PMC4338485.

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