Falx meningioma case reports

A 61-year-old woman with a history of two episodes of hemorrhage from a meningioma originating from the left falx cerebri, presented to the outpatient clinic. She was asymptomatic, and MRI revealed a small tumor along the falx cerebri; however, Matsuoka et al., from the Tokyo Women's Medical University, decided to remove the hemorrhagic meningioma. No abnormal vascular structures were recognized on preoperative angiography and on intraoperative evaluation. The tumor was easily removed along the falx cerebri (Simpson grade I). The pathological diagnosis was transitional meningioma, WHO Grade I. The patient experienced no recurrence of tumor or hemorrhage for up to 15 months after surgery. The incidence of repeated bleeding from meningiomas is very rare and is seldom reported, because the mortality associated with hemorrhage in meningiomas is high (28-50%). Immediate diagnosis and surgical treatment with both hematoma evacuation and tumor removal are crucial to avoid inadequate and delayed treatment that may cause mortality ¹⁾.

Roser and Rigante describe the endoscope-assisted contralateral paramedian approach to large left-falcine meningiomas to avoid retraction of the ipsilateral thin layer of eloquent brain cortex.

The contralateral paramedian approach enables complete tumor resection with endoscopic-assisted removal of tumor remnants in the superior aspect of the resection cavity, sparing any manipulation of ipsilateral brain tissue ²⁾.

A 65-year-old female was admitted in the Emergency Department reporting sudden onset of severe headache. Computed tomography (CT) revealed an intracerebral hematoma and an expansive calcified lesion. AngioCT showed the presence of a large aneurysm in the distal portion of the azygos ACA. During the surgical procedure, it was possible to visualize the aneurysm in contact with an expansive lesion arising from the anterior third of the falx. Microsurgical clipping of the aneurysm was performed uneventfully and partial resection of the tumor was done. Histopathological analysis showed a fibrous meningioma. The patient was discharged home on the seventh postoperative day in good clinical conditions.

The association of aneurysm from azygos ACA and falcine meningioma is an extremely rare event and must be remembered when expansive masses are present in the vicinity of vascular lesions ³⁾.

A 53-year-old man presented with a rare meningioma associated with Werner syndrome. Screening brain magnetic resonance (MR) imaging with gadolinium had detected multiple homogeneously enhanced tumors in the right convexity and in the anterior and posterior thirds of the falx cerebri after surgery for osteosarcoma in his right leg at age 52 years. Ten months later, the right convexity tumor was removed because follow-up MR imaging detected tumor growth. The histological diagnosis was transitional meningioma. The postoperative clinical course was good and the patient remains healthy. Review of the literature found meningiomas associated with Werner syndrome occur about two times more frequently in men than in women, and typically in the fourth decade. Most meningiomas associated with Werner syndrome are benign, but are sometimes complicated with extracranial tumors such as sarcoma, thyroid carcinoma, and others. Patients with meningioma

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associated with Werner syndrome should be carefully followed up to detect the occurrence of other extracranial tumors such as sarcoma by brain MR imaging, echography, or body computed tomography 4).

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