

Although MR imaging is the [imaging](#) technique of choice for [glial tumors](#) as it provides more [intracranial](#) detail, [CT scanning](#) still has an important role in the imaging of [meningiomas](#). The CT scan best reveals the chronic effects of slowly growing mass lesions on bone remodeling. [Calcification](#) in the tumor (seen in 25%) and [hyperostosis](#) of surrounding [skull](#) are features of an [intracranial meningioma](#) that can be easily identified on a noncontrast CT scan. Nonetheless, MR imaging reveals a number of characteristics highly suggestive of meningioma.

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Appear as homogeneous, densely enhancing mass with broad base of attachment along dural border. Non-contrast Hounsfield numbers of 60–70 in a meningioma usually correlate with presence of psammomatous calcifications. There may be little cerebral edema, or it may be marked and may extend throughout the white matter of the entire hemisphere.

Intraventricular meningiomas: 50% produce extraventricular edema. On angio, these may falsely appear malignant. Prostate cancer may mimic meningioma (prostate mets to brain are rare, but prostate frequently goes to bone, and may go to skull and can cause hyperostosis).

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