

Olfactory groove meningioma clinical features

- Predicting intraoperative meningioma consistency using features from standard MRI sequences: a preoperative evaluation
 - Identification of intracranial solitary fibrous tumor and atypical meningioma by multi-parameter MRI-based radiomics model
 - Aggressive intracranial meningioma associated with multiple sclerosis: A case report and literature review
 - Lumbar angiomatous meningioma: how to manage this rare entity? A case report
 - Predicting critical surgical characteristics of intracranial meningiomas on MRI-A prospective study on 100 consecutive patients
 - Construction and application of a nomogram model for predicting postoperative cerebral edema in meningiomas based on radiomics and clinical features
 - Intracranial mesenchymal tumor with EWSR1-rearrangement (FET::CREB family): A case series with clinico-radiological and pathological correlation and review of literature
 - Sellar collision tumors: difficulties of preoperative neuroimaging and selection of surgical approach. Case reports and literature review
-
-

Due to the subtle [symptoms](#) prior to clinical presentation, [olfactory groove meningiomas](#) can grow insidiously large and present as one of the largest [intracranial tumors](#).

Psychiatric symptoms

[Olfactory groove meningiomas](#) most commonly present with [symptoms](#) of [headaches](#), [anosmia](#), or even possibly [personality](#) changes. The anatomic location of the olfactory groove meningioma may cause prolonged psychiatric symptoms before the onset of more overt neurologic deficits.

Subfrontal meningiomas grow insidiously in areas with high cerebral compliance and a relative scarcity of eloquent function. Symptoms develop progressively, are nonspecific, and include anosmia, changes in personality and cognition, depressive symptoms, headaches, visual disturbances, and seizures. Patients with subfrontal meningiomas carry the highest risk of developing psychological symptoms, which makes patient-reported outcomes in terms of long-term health-related quality of life (HRQOL), anxiety, and depression of particular importance ¹⁾.

Visual symptoms

They may produce progressive compression of the frontal lobes and project backward towards the sella, and if large enough, they can affect vision by compressing the [optic nerve](#) and [chiasm](#) ²⁾.

Visual symptoms occur usually after an olfactory groove meningioma has reached a considerable size but can depend on their exact origin. Because olfactory groove meningiomas extend posteriorly, this extension can cause compression on one or both of the optic nerves or the chiasm, and may occur earlier in smaller tumors arising from the posterior half of the cribiform plate ³⁾.

Foster Kennedy syndrome

Foster Kennedy syndrome

¹⁾

Kofoed Lauridsen E, Ciochon UM, Tolver A, Bech Knudsen M, Giraldi L, Springborg JB, Bøgeskov L, Poulsgaard L, Mathiesen T, Piil K, Fugleholm K. Long-term postoperative health-related quality of life in patients with subfrontal meningiomas. J Neurosurg. 2022 Nov 11:1-10. doi: 10.3171/2022.9.JNS22826. Epub ahead of print. PMID: 36681993.

²⁾

Ciurea AV, Iencean SM, Risea RE, Brehar FM. Olfactory groove meningiomas. A retrospective study of 59 surgical cases. Neurosurg Rev. 2011 Sep 30

³⁾

Bakay L, Cares HL. Olfactory meningiomas report on a series of twenty-five cases. Acta Neurochir (Wien) 1972;26:1-12.

From:

<https://neurosurgerywiki.com/wiki/> - **Neurosurgery Wiki**

Permanent link:

https://neurosurgerywiki.com/wiki/doku.php?id=olfactory_groove_meningioma_clinical_features

Last update: **2024/06/07 02:50**

