

Parasagittal meningioma clinical features

Clinical features depend on the size, location, and extent of the tumor and whether it causes significant mass effect or invasion. Here are common clinical features:

1. Neurological Symptoms Headache: A common presenting symptom due to increased intracranial pressure. Seizures: Often focal, depending on the cortical region involved. Motor Deficits: Weakness, particularly in the lower extremities, due to compression of the motor cortex or associated pathways. Sensory Changes: Numbness or tingling, also depending on the cortical involvement. Hemiparesis or Paraparesis: Progressive weakness, especially in parasagittal meningiomas involving the midline motor cortex. 2. Cognitive and Behavioral Changes Personality changes, apathy, or disinhibition if the tumor affects the frontal lobe. Memory deficits or executive dysfunction if the tumor impacts associated brain regions. 3. Visual Symptoms Papilledema (swelling of the optic disc), secondary to increased intracranial pressure. Visual field deficits if the occipital lobe is involved. 4. Symptoms from Sinus Involvement Venous congestion: Can lead to increased intracranial pressure or venous infarction. Thrombosis: Sinus involvement may result in superior sagittal sinus thrombosis, leading to symptoms of raised intracranial pressure. 5. Signs of Raised Intracranial Pressure Nausea and vomiting. Drowsiness or altered mental status in advanced cases. 6. Focal Neurological Deficits Location-specific deficits depending on which brain regions are compressed by the tumor. 7. Asymptomatic Cases Small meningiomas may be discovered incidentally during imaging for unrelated issues.

Parasagittal meningiomas may originate at the level of the **motor strip**, and a common initial manifestation of these is a contralateral **foot drop**. ¹⁾

Rare

Monoparesis of the leg ²⁾

Painless legs and moving toes ³⁾.

Abducens nerve palsy ⁴⁾.

An unusual case of Parkinsonism secondary to right parasagittal meningioma ⁵⁾.

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Eskandary H, Hamzel A, Yasamy MT. Foot Drop Following Brain Lesion. Surg Neurol. 1995; 43:89-90

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Suzuki K, Nakamura T, Suzuki S, Hirata K. Monoparesis of the leg caused by parasagittal meningioma. Intern Med. 2010;49(22):2529. Epub 2010 Nov 15. PubMed PMID: 21088366.

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