

Planum sphenoidale meningioma differential diagnosis

- [A Case of Sporadic Suprasellar Hemangioblastoma Mimicking Meningioma](#)
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[Tuberculum sellae meningiomas](#) originate in the [middle fossa](#) (unlike [planum sphenoidale meningiomas](#) which are in the [anterior fossa](#))

[Tuberculum sellae meningiomas](#) are located not only on the limited surface between the [prechiasmatic sulcus](#) and [diaphragma sellae](#), but also on the [limbus sphenoidalis](#), [chiasmatic sulcus](#) and [diaphragma sellae](#).

[Planum sphenoidale meningiomas](#) are located more anterior and in proximity of the [olfactory groove](#) location.

A 45-year-old gentleman who presented with signs of raised intracranial hypertension, secondary optic atrophy and a contrast-enhancing mass arising from the planum sphenoidale. Postoperatively, mass was diagnosed as aspergilloma on histopathology and culture. Despite antifungal treatment, patient could not be saved due to large artery infarcts in the immediate postoperative period ¹⁾.

Hemangioblastoma

[Hemangioblastomas](#) are rarely seen in the suprasellar region, arising from the optic apparatus or pituitary stalk, mimicking meningiomas on the preoperative MRI scan. They may be suspected in the presence of large flow voids and the absence of a dural tail. Intraoperatively, the extreme vascularity and compressibility of the tumour with no dural attachment should alert the surgeon to the diagnosis. A complete resection with preservation of vision may be successfully attempted because of the well-demarcated tumour-nerve interface ²⁾.

Leiomyosarcoma

Two cases of intracranial [leiomyosarcoma](#) revealed a mass at the left [cavernous sinus](#) involving

[prepontine cistern](#) in one case and two lesions in the other case showing masses with dural based appearance at the region of the planum sphenoidale and the posterior aspect of the falx cerebri which mimiced a meningioma. The leiomyosarcoma should be included in the differential diagnosis of extra-axial CNS lesions in HIV-infected patients ³⁾.

Adenoid cystic carcinoma

Adenoid cystic carcinoma (ACC) is rarely encountered by the neurosurgeon; however it should always be considered in the differential diagnosis of skull base tumors. Interdisciplinary surgical approaches represent the major advance in the treatment of these complex neoplasms ⁴⁾.

1)

Verma R, Singh P, Kumar A, Paliwal VK. Cranial aspergilloma masquerading as meningioma. *BMJ Case Rep.* 2013 Jan 9;2013. pii: bcr2012008118. doi: 10.1136/bcr-2012-008118. PubMed PMID: 23307467; PubMed Central PMCID: PMC3604443.

2)

Prabhu K, Daniel RT, Chacko G, Chacko AG. Optic nerve haemangioblastoma mimicking a planum sphenoidale meningioma. *Br J Neurosurg.* 2009;23(5):561-3. doi: 10.1080/02688690902965964. PubMed PMID: 19718547.

3)

Lerdlum S, Lalitanantpong S, Numkarunarunrote N, Chaowanapanja P, Suankratay C, Shuangshoti S. MR imaging of CNS leiomyosarcoma in AIDS patients. *J Med Assoc Thai.* 2004 Sep;87 Suppl 2:S152-60. PubMed PMID: 16083180.

4)

Brunori A, Scarano P, Iannetti G, Chiappetta F. Dumbbell tumor of the anterior skull base. Meningioma? No, adenoid cystic carcinoma! *Surg Neurol.* 1998 Nov;50(5):470-4. PubMed PMID: 9842875.

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