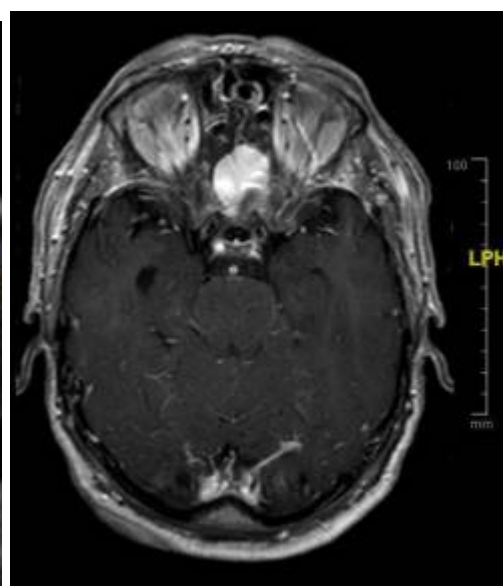
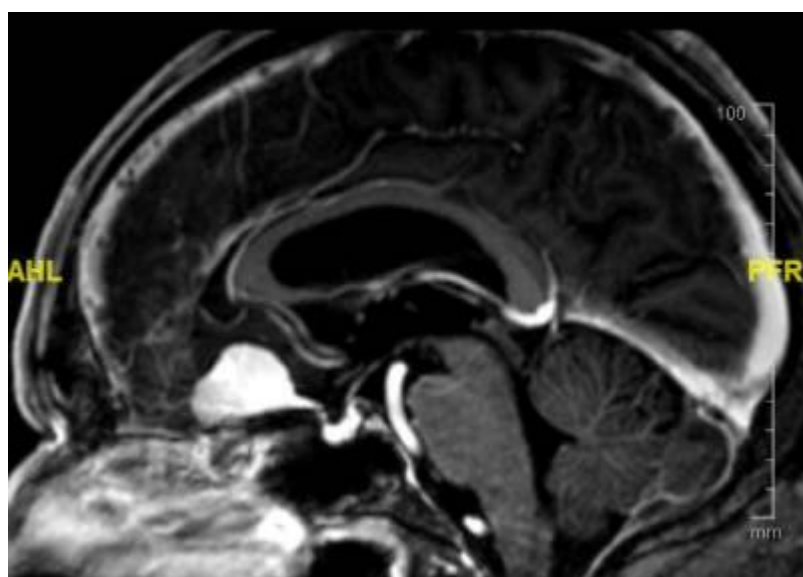
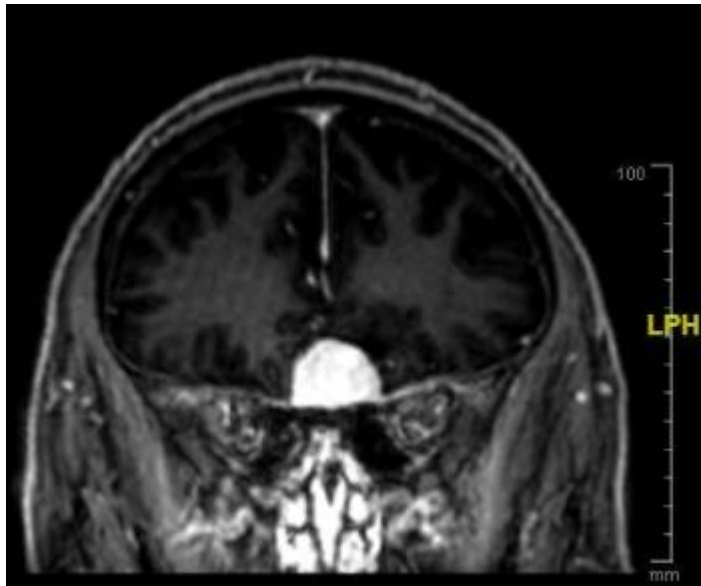


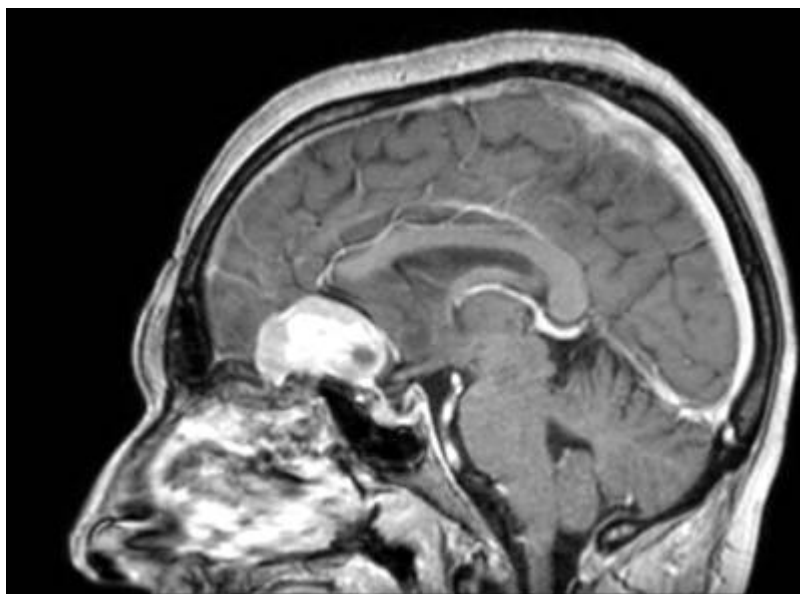
Planum sphenoidale meningioma magnetic resonance imaging

- Clinical and radiological presentation of meningiomas
- Characteristics of optic canal invasion in the large midline non-tuberculum sellae anterior skull base meningiomas and the surgical outcomes
- Planum Sphenoidale Meningioma Symptoms Mimic Those of Early-Onset Dementia
- A flower in the brain: Planum sphenoidale meningioma
- Endoscopic transnasal resection of an anterior planum sphenoidale meningioma
- Olfactory groove and planum meningiomas
- Evolving Strategies for Resection of Sellar/Parasellar Synchronous Tumors via Endoscopic Endonasal Approach: A Technical Case Report and Systematic Review of the Literature
- Yield of screening blood work and MRI of the brain and orbits in the work-up of unilateral chronic optic neuropathy





On MRI, the [Planum sphenoidale meningioma](#) appears hypo to isointense on T1-weighted imaging and possesses variable signal intensity on T2-weighted images. Gadolinium MR imaging demonstrates intense homogeneous or heterogeneous enhancement of the tumor, with well-circumscribed margins.



[Extraaxial space-occupying lesion](#) measuring 3.8 x 3.8 x 2.6 cm with a dural base on the [planum sphenoidale](#) and [olfactory groove](#) compatible with [planum sphenoidale meningioma](#) or [olfactory groove meningioma](#). Most of the lesion shows intense [enhancement](#), with some areas without enhancement attributable to [cystic-necrotic changes](#). [Diffusion](#) shows a peripheral component with low values on the [ADC](#) map and a central component with high values that suggest [hypercellularity](#) and [hypocellularity](#), respectively. [Dural tail](#) extending to the [tuberculum sellae](#) is also seen.

It conditions extensively [edema](#) in the [white matter](#) of both [frontal lobes](#) and knee of the [corpus callosum](#) and obliteration of the frontal grooves.

Associated [sclerosis](#) of the [sphenoid sinus](#). No bone or brain [invasion](#) is seen. The posterior margin of the lesion is adjacent to the intracranial segment of both [optic nerves](#), with no compression of the

optic pathway. The A2 segment of both **anterior cerebral artery** contacts the posterior margin of the lesion. **Ventricular system:** normal size and morphology for the patient's age. Midline and basal cisternae: normal.

Chronic ischemic lesions in the lower region of the left cerebellar hemisphere (territory of the left posterior inferior cerebellar artery). Preserved arterial flow vacuum.

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