Rhabdoid meningioma case reports

Khairy et al., from Riyadh, presented a very rare case of a 9-year-old boy who presented with a history of headache, dizziness, and vomiting without neurological deficit. The investigation showed a posterior fossa tumor with hemorrhage inside and hydrocephalus. He underwent tumor resection, and pathology showed rhabdoid meningioma. The patient had extensive recurrence after only 5 months, including extension to the neck, mediastinal veins and heart. He was treated surgically and received adjuvant chemotherapy followed by radiation therapy.

Rhabdoid meningioma is a malignant subtype of meningioma that occurs very rarely in pediatric patients. Additionally, rhabdoid meningioma, when it does occur in pediatric patients, has a high tendency to recur. Radical surgical resection with adjuvant radiotherapy is essential to prolonging survival.

Khairy et al.,reported the first case with extracranial extension to the mediastinal veins and heart [1].

A rare case of rhabdoid meningioma found in a recurrent meningioma of the posterior fossa in a middle-aged female. Mondal et al., emphasized the squash cytology and histology finding of the rare neoplasm [2].

A 20-year-old male patient was admitted to our clinic with a 1-year history of headache. The patient's systemic-neurological examination and laboratory findings were normal. Computed tomography and magnetic resonance imaging were performed. Imaging findings showed calcified intraventricular mass and subependymal and gyral nodular lesions. There was a slight increase in ventricular volume. Surgical treatment was performed. Pathological specimens revealed the diagnosis of rhabdoid meningioma. Leptomeningeal dissemination refers to diffuse seeding of the leptomeninges by tumor metastases. To our knowledge, leptomeningeal dissemination of intraventricular rhabdoid meningioma is very rare in the literature. We aimed to discuss imaging findings and differential diagnosis of leptomeningeal dissemination of rhabdoid meningioma [3].

One case in a 9-year-old girl, presented initially as an atypical meningioma in the right fronto-parietal region, which on recurrence 18 months later, evolved into a rhabdoid meningioma. The second case in a 33-year-old male was located in the right parieto-occipital region [4].

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Karabagli et al. report a case with recurrent aggressive left occipital parasagittal region RM in which the patient initially declined radiation treatment. The tumor was resected four times in 5 years. Histopathological examination revealed a rhabdoid meningioma with metaplastic, papillary and chordoid differentiation. Six months after her fourth operation the patient died of progressive disease. RM is a rare subtype of malignant meningioma and the role of different adjuvant therapeutic options

are still unknown. Clinical presentation, radiological features and pathologic findings of this uncommon tumor are discussed. [5].

A 59-year-old male presented with a swelling in the left parotid region. Fine needle aspiration cytology was suggestive of myoepithelial predominant pleomorphic adenoma. A superficial parotidectomy performed revealed a tumor composed of rhabdoid cells with abundant finely granular eosinophilic cytoplasm raising a possibility of myoepithelioma. Immunohistochemistry for myoepithelial markers was negative. A critical review elicited a history of surgical excision of a recurrent rhabdoid meningioma twice. A possibility of metastasis was considered and a second panel of immunomarkers demonstrated vimentin and epithelial membrane antigen positivity. Neuroimaging studies demonstrated a space occupying lesion in the frontal lobe suggestive of a recurrent/residual tumor. In view of the history, neuroradiology, histopathology and immunohistochemistry, a final diagnosis of metastatic rhabdoid meningioma to the parotid was rendered.

Morphologically, metastatic rhabdoid meningioma may mimic a primary or metastatic carcinoma, melanoma and sarcoma. Accurate diagnosis can be made by careful clinical evaluation and histopathological examination of the tumor. These tumors are composed of rhabdomyoblast like cells with abundant eosinophilic cytoplasm. The present case demonstrated characteristic histopathological features confirmed by immunohistochemistry [6].

1)
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