Suprasellar meningioma classification

Suprasellar meningiomas can be classified as tubercular, combined, or diaphragmatic based on preoperative MRI.

Exclusively tubercular meningiomas (type A) require only a supradiaphragmatic approach.

Tumor involvement of the sellar diaphragm (type B or C) requires resection of the diaphragm and thus a combined infra- and supradiaphragmatic approach [1].

Liu divided it into

Group A - planum sphenoidale meningioma

Group B - tuberculum sellae meningioma

Group C -diaphragma sellae meningioma (DSM), based on their growth pattern in relation to the optic pathway and pituitary stalk, group C was then divided into groups C1 and C2 [2].

For Suri et al. the anterior clinoid process, and sphenoidal planum, account for about 5% to 10% of intracranial meningiomas [3].

The tumour is located in the midline at the base of the skull and originates in the sella [4].

1)
Ajlan AM, Choudhri O, Hwang P, Harsh G. Meningiomas of the tuberculum and diaphragma sellae. J Neurol Surg B Skull Base. 2015 Feb;76(1):74-9. doi: 10.1055/s-0034-1390400. Epub 2014 Sep 29. PubMed PMID: 25685653; PubMed Central PMCID: PMC4318732.
2)
Liu Y, Chotai S, Ming C, Jin S, Pan J, Qi S. Characteristics of midline suprasellar meningiomas based on their origin and growth pattern. Clin Neurol Neurosurg. 2014 Oct;125:173-81. doi: 10.1016/j.clineuro.2014.08.002. Epub 2014 Aug 10. PubMed PMID: 25171391.
3)
Suri A, Narang KS, Sharma BS, Mahapatra AK. Visual outcome after surgery in patients with suprasellar tumors and preoperative blindness. J Neurosurg. 2008;108:19–25.
4)
Dehdashti AR, Ganna A, Witterick I, Gentili F. Expanded endoscopic endonasal approach for anterior cranial base and suprasellar lesions: indications and limitations. Neurosurgery. 2009;64:677–87.