WHO Grade 1 Meningioma

see also WHO Grade 2 Meningioma and WHO Grade 3 Meningioma

WHO Grade 1 meningiomas are the most common and least aggressive subtype of meningiomas. They are classified as **benign tumors** based on histopathological and biological criteria defined by the World Health Organization (WHO).

Definition

A **WHO Grade 1 meningioma** is a slow-growing, well-differentiated tumor that originates from the meningothelial (arachnoid cap) cells of the dura mater. It typically shows no brain invasion and has a low risk of recurrence following complete surgical resection.

Histological Subtypes

WHO Grade 1 includes the following subtypes:

- Meningothelial
- Fibrous (fibroblastic)
- Transitional (mixed)
- Psammomatous
- Angiomatous
- Microcystic
- Secretory
- Lymphoplasmacyte-rich
- Metaplastic

Histopathological Features

- Low mitotic index (<4 mitoses per 10 HPF)
- Absence of brain invasion
- Uniform nuclei, minimal pleomorphism
- Absence of necrosis and prominent nucleoli
- May contain psammoma bodies (calcifications)

Clinical Behavior

- Growth: Typically slow-growing
- **Location**: Most often supratentorial (convexity, parasagittal, sphenoid ridge), but may occur anywhere along the meninges
- Symptoms: Related to mass effect—headache, seizures, focal neurological deficits
- Recurrence: Low after Simpson grade I or II resection

Treatment

- Surgical resection is the treatment of choice
- Simpson grade I-III resection aims to minimize recurrence
- Adjuvant radiotherapy is not routinely indicated but may be considered in subtotal resection or recurrence

Prognosis

- Excellent prognosis with complete resection
- 5-year recurrence-free survival >90% for totally resected tumors
- Long-term follow-up recommended for subtotal resections

References

- WHO Classification of Tumours Editorial Board. *WHO Classification of Tumours of the Central Nervous System*. 5th ed. IARC, 2021.
- Goldbrunner R, et al. EANO guidelines for the diagnosis and treatment of meningiomas. *Lancet Oncol*. 2016.

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