

Dr Monica Santos

DEFINITION

Meningiomas are a diverse group of <u>brain</u> tumors that arise from the <u>arachnoid</u> layer (specifically the arachnoid cap cells) and can therefore occur in any part of the <u>CNS</u> with a meningeal covering.

EPIDEMIOLOGY

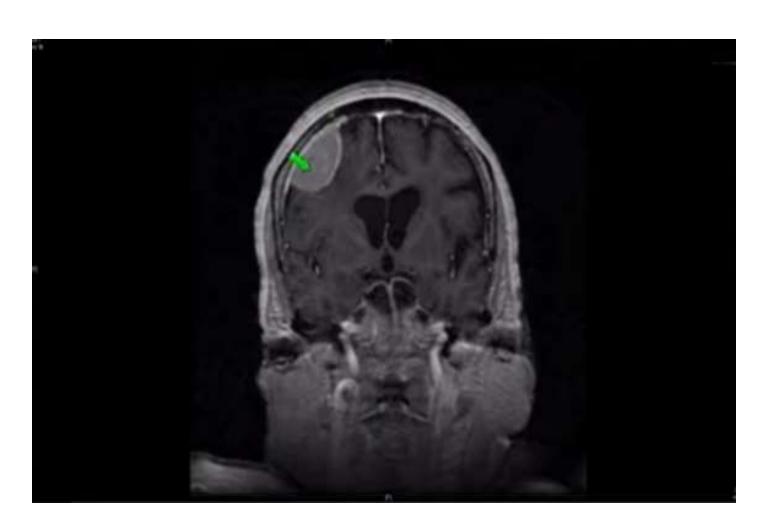
- Most common benign primary <u>brain tumor</u> in adults
- Sex: ♀ > ♂
- Age: most common in patients > 65 years of age
- Afroamerican can be more risk

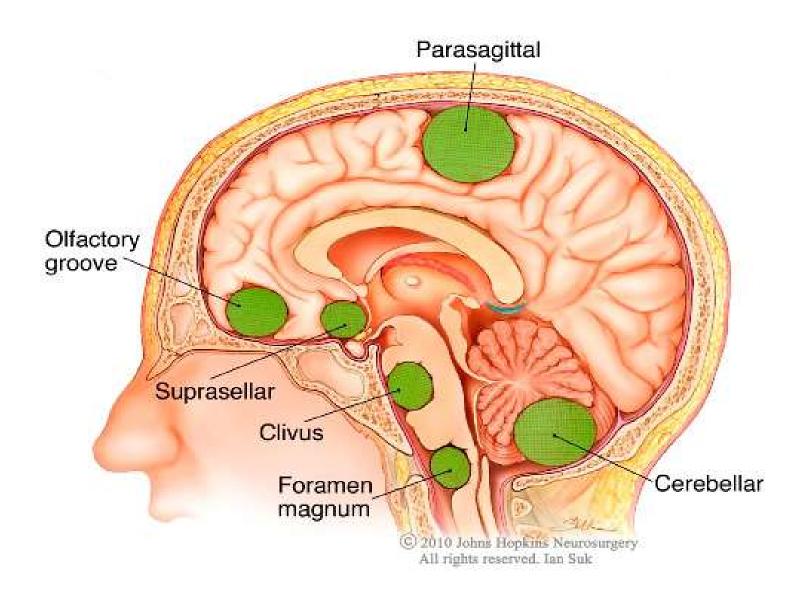
ETIOLOGY

- Mostly idiopathic
- Exposure to <u>ionizing radiation</u>:

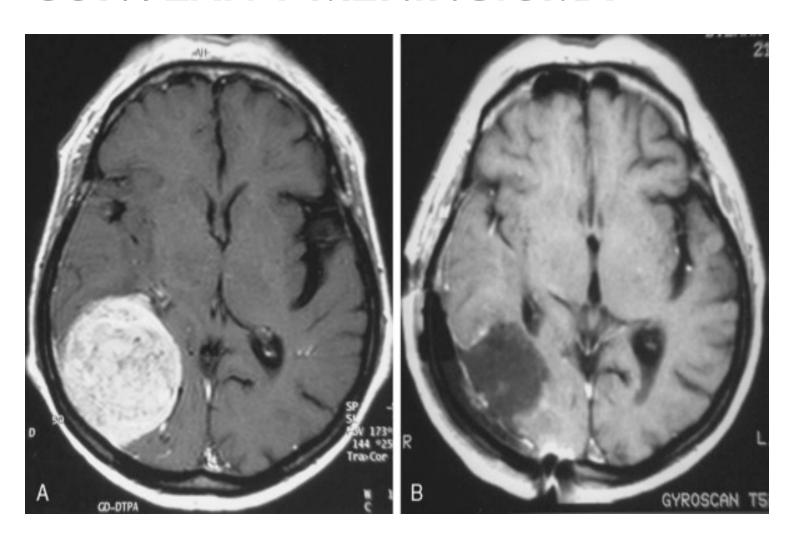
 radiotherapy for head and neck tumors,
 dental x-rays
- Genetic mutation in cromosome 22 (neurofribomatosis type 2)

CLINICAL FEATURE





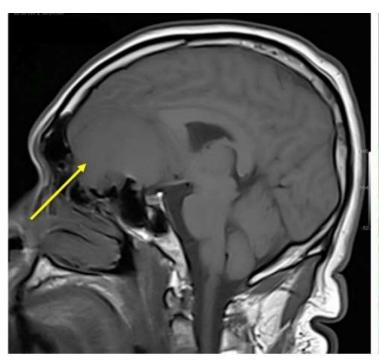
CONVEXITY MENINGIOMA

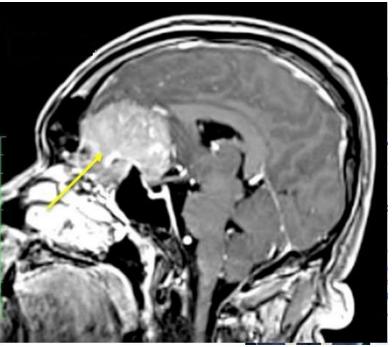


SPHENOID MENINGIOMA

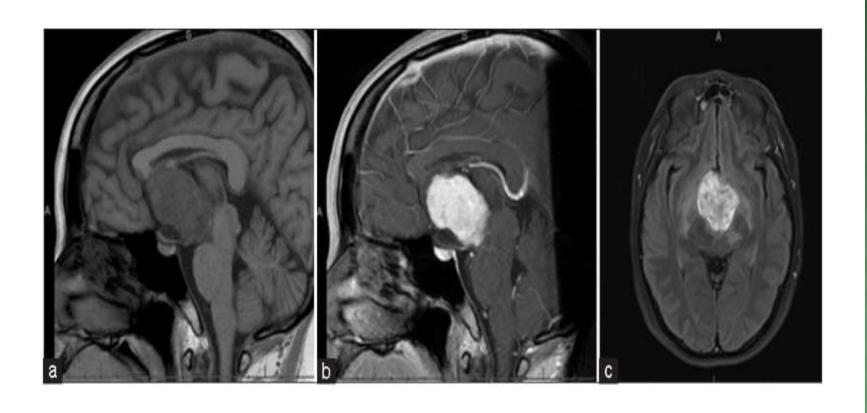


OLFATORY GROOVE MENINGIOMA

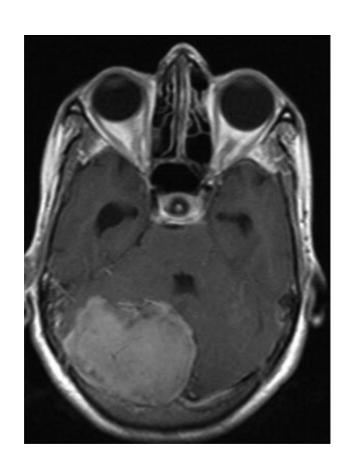




SUPRASELLAR MENINGIOMA



POSTERIOR MENINGIOMA



INTRAVENTRICULAR MENINGIOMA



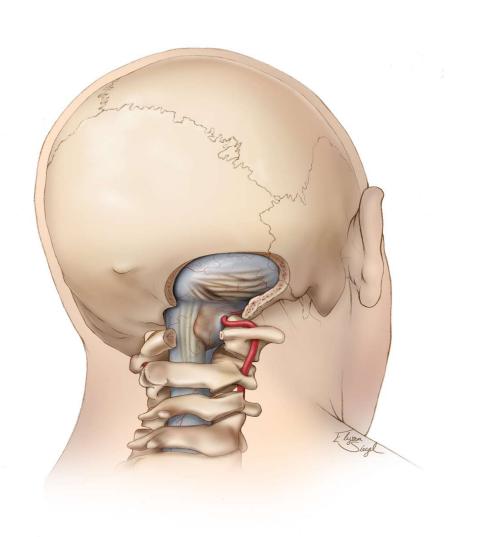
INTRAORBITAL MENINGIOMA



SPINAL MENINGIOMA



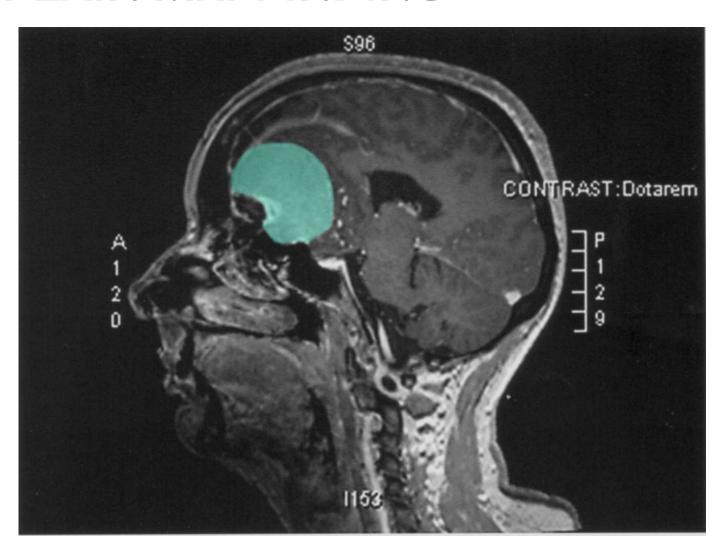
FORAMEN MAGNU

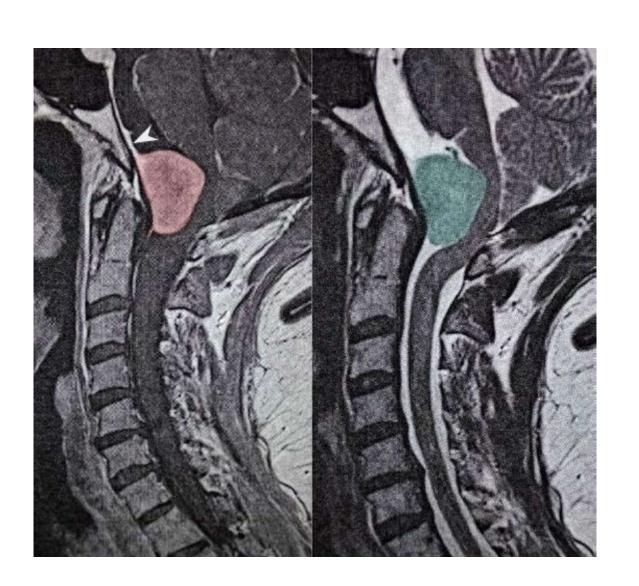


DIAGNOSTIC

- computed tomography (CT or CAT scan)
- magnetic resonance imaging (MRI).
 Intraoperative MRI is also used during surgery to guide tissue biopsies and tumor removal.
- Magnetic resonance spectroscopy (MRS) may be used to examine the tumor's chemical profile and determine the nature of the lesions seen on the MRI.
- Biopsy

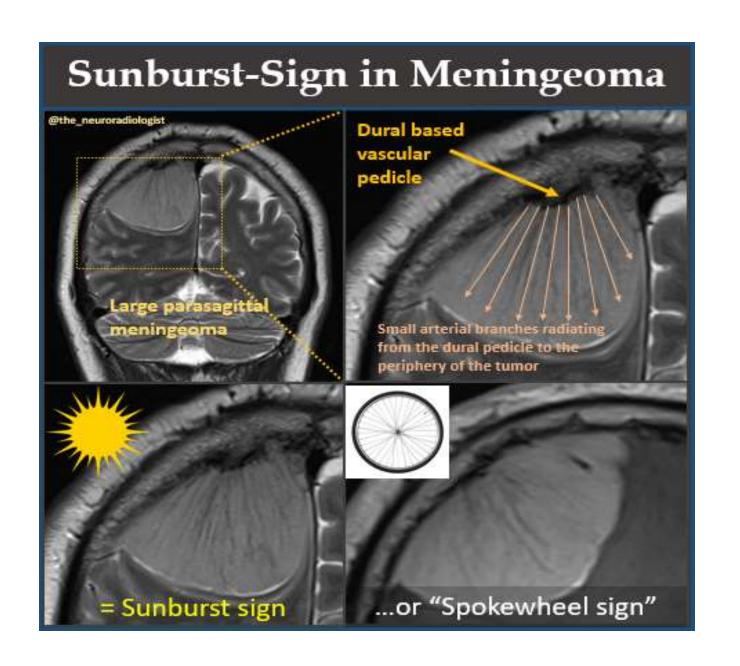
PLAIN MRI FINDING



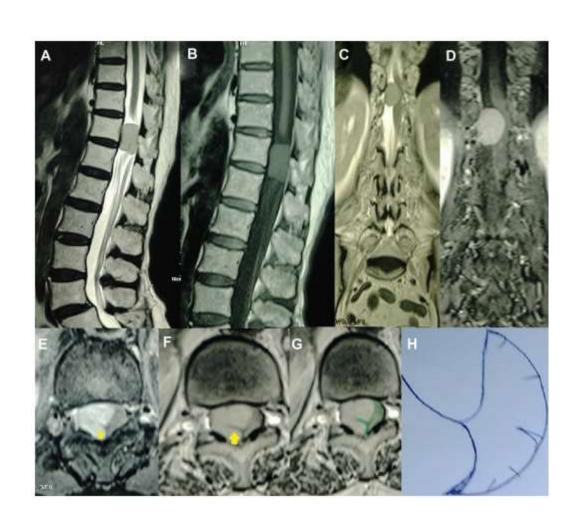


CONTRAST FINDING





SPINAL MENINGIOMA: GINKGO-LEAF SIGN



DIFERENCIAL DIAGNOSIS

- Leiomyosarcoma
- Dural Metastatic Tumors
- Intracranial Hodgkin Lymphoma

PATHOLOGY

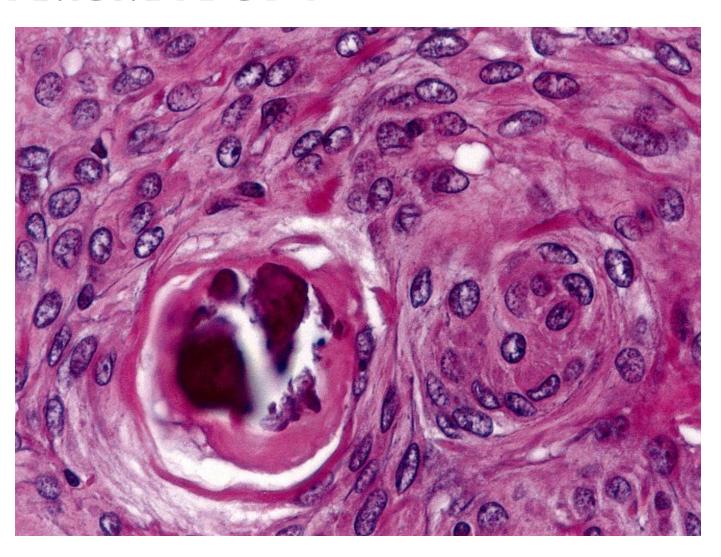
Gross Finding

- Encapsulated, round, grayish-white <u>tumor</u>
- Firm to hard consistency
- Cross-sectional surface: gray, granular

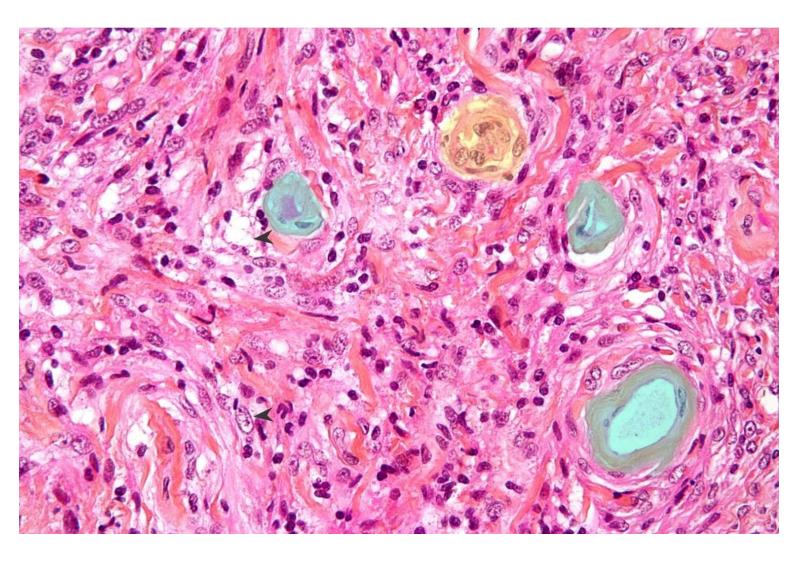
Microscopic findings

- Mesenchymal origin (arachnoid cap cells)
- Whorls of meningothelial cells (onion peel arrangement)
- Psammoma bodies
- Increased vascularity

SAMOMA BODY



VASCULARUTY



WHO CLASSIFICATION OF MENINGIOMAS

- GRADE 1:
- Fr. 80-85%
- -No <u>dysplastic</u> features < 4 <u>mitoses</u>/10 hpf
- -Subtype: Transitional (mixed type), Meningothelial (classical meningioma), Fibrous, Psammomatous, Angio matous, Microcystic, Lymphoplasmacytic, Secretory and Metaplastic

- Grade 2:
- -Fr 15-20%
- 4-19 mitoses/10 hpf
- -Subtype: Chordoid, Clear cell and Atypical
- Grade 3
- Fr < 2%
- > 20 <u>mitoses</u>/10 hpf
- Subtype: Papillary, Rhabdoid, <u>Anaplastic</u> (most aggressive subtype)

TREATMENT

• Surgical resection:

- -first-line treatment
- -Preoperative embolization in the case of highly vascular tumor
- -Skull base meningiomas have a high recurrence risk.

Radiotherapy

- -In the case of inoperable tumors
- -Postoperatively, if the tumor was incompletely resected
- -As an adjuvant therapy in the case of grade II and III meningiomas
- -Small tumors (usually < 3 cm): stereotatic radiosurgery (gamma knife)
- Active surveillance: consider in a slowgrowing asymptomatic <u>tumor</u> in an elderly patient

PROGNOSIS

Meningioma recurrence rate based on the extent of <u>tumor</u> resection		
Simpson grade [22]	Extent of tumor resection [22]	Recurrence rate after 10 years [27]
Grade I	Complete <u>tumor</u> resection Resection of the underlying <u>dura</u> and abnormal bone	• ~ 5%
Grade II	Complete <u>tumor</u> resection Cauterization of the dural attachment	• ~ 20%
Grade III	Complete <u>tumor</u> resection only	• ~ 30%
Grade IV	Subtotal resection	• ~ 35%
Grade V	<u>Tumor biopsy</u>	• 100%

REFERENCE

- https://www.aans.org/en/Patients/Neurosur gical-Conditions-and-Treatments/Meningiomas
- https://read.qxmd.com/read/27138052/vari ants-of-meningiomas-a-review-of-imagingfindings-and-clinical-features?redirected=slug
- https://www.ncbi.nlm.nih.gov/books/NBK56 0538/

THANK YOU