



Case Report

Giant Meningioma of the Parieto-Occipital lobe of the Brain A Case of Report

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Abstract

Most meningiomas are benign and malignant meningiomas are extremely rare. We are reporting a case of giant meningioma of the parieto-occipital lobe of the brain which is quite uncommon.

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Introduction

A meningioma is a tumour of the meninges, which is the protective lining of the brain and spinal cord. It is slow growing and arise from the arachnoid villi.¹

Meningiomas make up nearly 20% of all primary brain tumours. They are most likely to be found in middle-aged or elderly adults. Meningiomas are more common in women than men, (4:1)^{1,2}

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Case History

Mrs. M, a 30 year old house wife, hailing from Joypurhat was admitted in to the Neurosurgery unit on 20-10-2003 with the complaints of visual disturbance in right eye, severe headache associated with vomiting for several times a day for 4 years. Headache last for few minutes and relieved spontaneously. Patient also complained of slurring of speech at the time of headache and short term memory loss and in co-ordination. Patient did not give any history of

unconsciousness, convulsion and fever. On general examination, she was anxious and normotensive.

On CNS examination, the patient was found to have bilateral anosmia, impaired vision and loss of pain, touch and temperature sensation on the right half of face. On Fundoscopy there was papilloedema which was more marked in the right eye.

CT scan of the brain showed intracerebral space occupying lesion in left side (likely to be meningioma or glioma) with cerebral oedema and presence of mass effect and lateral ventriculomegaly, (Fig-A) Investigations for GA fitness were within normal limits.

On operative treatment left sided parieto occipital craniotomy was done under GA followed by removal of large tumour almost (99%) occupying the parietal, temporal and middle cranial fossae. Dura, bone, scalp was closed in layers keeping a drainage tube in sub-dural space. Subsequent histopathological report revealed fibroblastic meningioma.

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The patient was under follow up. Last follow up after 2 months showed recovery of the patient (vision and slight smell sensation).

Follow up CT scan shows small residual tumour attached with sinuses. (Fig-B)

Discussion

A meningioma can start in any part of the brain or spinal cord but the most common sites are the cerebral hemispheres of brain. It is more in parasagittal region (24%).



Fig-A: Pre Operative

Fig-B: Post Operative

Patients may complain of headache, vomiting, paralysis on one side of the body (hemi paresis),

unilateral followed by bilateral anosmia, problems with co-ordination and memory loss, facial pain and anesthesia. Radical surgery is the treatment of choice.² If surgery is not possible, radiotherapy may be used alone, or with chemotherapy,² to treat meningioma. Recent research has shown a possible link between meningioma and hormone levels.³ Trials using hormonal drugs to treat this type of tumor are in the early stages.²

Acknowledgment

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References

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