Dural metastatic adenocarcinoma mimicking meningioma

Figure MRI

Axial (A), sagittal (B), and fat-saturated coronal (C) gadolinium-enhanced T1-weighted MRI show a homogeneously enhanced extra-axial mass with adjacent marrow enhancement and dural tail sign; thickening of enhanced dura extending from the mass (white arrow). (D) Hematoxylin & eosin-stained tumor specimen consistent with moderately differentiated adenocarcinoma.

A 69-year-old man presented with progressive left upper extremity weakness and recurrent falls. A right frontal extra-axial mass with dural tail, highly suggestive of meningioma,¹ was found on MRI (figure). However, excisional biopsy revealed features consistent with metastatic adenocarcinoma. Subsequently, a left hilar mass with mediastinal lymphadenopathy was discovered.

The characteristic appearance of meningioma should be sought in all imaging sequences in order to make pertinent differential diagnosis. Although rare, dural metastases from more aggressive neoplasm can mimic classic radiologic appearance of meningioma. Metastases with dural extension are mostly reported from prostate, lung, and breast primaries.²

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1. Goldsher D, Litt AW, Pinto RS, Bannon KR, Kricheff II. Dural "tail" associated with meningiomas on Gd-DTPA-enhanced MR images: characteristics, differential diagnostic value, and possible implications for treatment. *Radiology* 1990;176:447–450.
2. Laigle-Donadey F, Taillibert S, Mokhtari K, Hildebrand J, Delattre JY. Dural metastases. *J Neurooncol* 2005;75:57–61.

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