NEUROIMAGES

Lymphoplasmacyte-rich meningioma involving the whole intracranial dura mater

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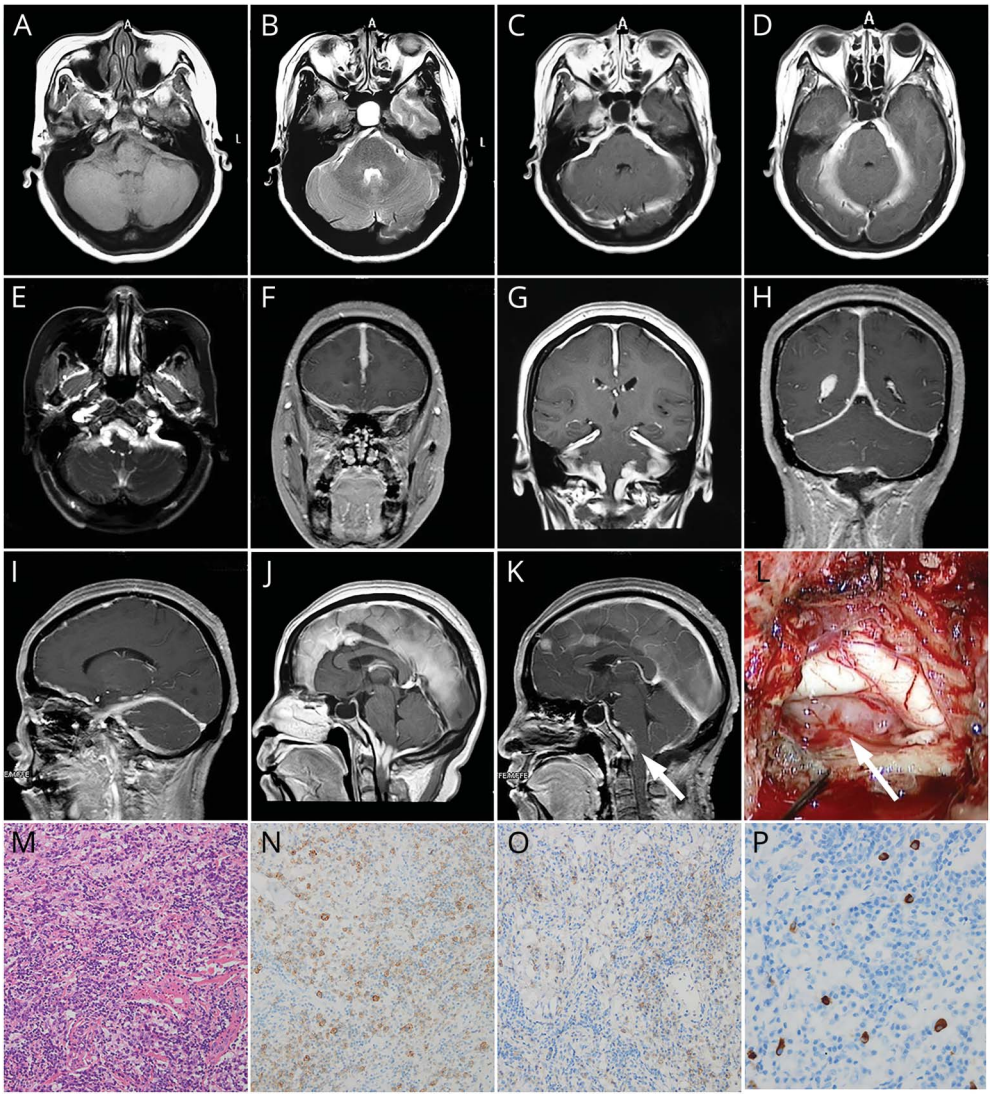
Figure MRI, surgery, tumor, and pathology of the lymphoplasmacyte-rich meningioma



MRI: T1-weighted (A), T2-weighted (B), and gadolinium contrast (C) of bilateral cerebellopontine angle (CPA); bilateral cerebellar tentorium (D); bilateral foramen magnum (E); falx cerebri and bilateral frontal base (F); falx cerebri, bilateral parietal lobe, bilateral cerebellar tentorium, and bilateral CPA (G); falx cerebri, bilateral cerebellar tentorium, and the right trigone area of the lateral ventricle (H); frontal base, cerebellar tentorium, and CPA (I); clival region and foramen magnum (J); postsurgery (white arrow) (K); surgery (white arrow) (L); hematoxylin & eosin (magnification, ×200) (M); immunohistology positive: epithelial membrane antigen (magnification, ×200) (N), CD138 (magnification, ×200) (O), immunoglobulin G4 (magnification, ×400) (P).

A 47-year-old woman presented with a 6-month history of occipital-cervical region pain, numbness of both upper limbs, and progressive bilateral hearing loss. Enhanced MRI revealed a lesion involving the intracranial dura mater and the right trigone area of the lateral ventricle

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(figure, A–J). Surgery to relieve the main symptoms was performed through a posterior midline approach (figure, K and L). Pathology suggested the diagnosis of lymphoplasmacyte-rich meningioma (figure, M–P). Lymphoplasmacyte-rich meningioma is a rare variant of meningioma and is categorized as a WHO grade I tumor and approximately 60 cases have been reported,[1] but involvement of the entire intracranial dura mater is unusual. It is characterized by dense lymphoplasmacytic infiltration and usually treated with surgical resection[1]; however, total resection could not be achieved in our case. The patient received radiotherapy and postsurgery MRI at 3 months but demonstrated no progress.

Author contributions

Xiang Yang: study design, data collection and analysis, drafting the manuscript, revising the manuscript. Jun Le: data collection, drafting the manuscript, revising the manuscript. Xin Hu: acquisition of data, analysis and interpretation of data. Yuekang Zhang: study concept and design. Jiagang Liu: in charge of surgery, clinical care and investigative workup of the patient, study concept and design, and revision of manuscript.

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Disclosure

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Reference

1. Cha YJ, Lee SK, Chang JH, Kim SH. Report of a rare case of atypical lymphoplasmacyte-rich meningioma in the tentorium mimicking idiopathic hypertrophic pachymeningitis. Brain Tumor Pathol 2016;33:216–221.

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