Dural amyloidoma
An unusual presentation of CNS amyloidosis

A 46-year-old previously healthy woman presented with recurring left frontal and occipital headache. A brain MRI demonstrated diffuse dural thickening (figure 1, top). CSF analysis showed no abnormalities. A meningeal biopsy had pathology typical of an amyloid tumor (figure 2). Further investigations did not reveal evidence of plasma-cell tumor, multiple myeloma, systemic amyloidosis, underlying inflammatory disorder, or malignancy. Follow-up brain MRIs revealed regression of the pachymeningeal disease after treatment with corticosteroids and brain irradiation (figure 1, bottom).

Amyloidosis is a group of diseases characterized by the extracellular deposition of amyloid protein.\(^1\) Extraxial locations are rare,\(^2\) but dural amyloidoma should be considered in the differential diagnosis of diffuse meningeal thickening despite the absence of systemic amyloidosis.
Biopsy specimens of amyloid tumor

(A) Hematoxylin & eosin and (B) Congo red–stained biopsy sections exhibit fibroconjunctive tissue infiltrated by multinucleated giant cells and lymphomononuclear cells surrounding amorphous deposits of eosinophilic material (original magnification ×50).

Simone Shibao, MD, PhD, Fabio A.R. Dalprá, MD, Celis A. Andrade, MD, PhD, Claudia C. Leite, MD, PhD

From the Faculdade de Medicina da Universidade de São Paulo, Brazil.

Author contributions: Dr. Shibao: study concept, revision of the manuscript. Dr. Dalprá: clinical and radiologic data, patient consent, revision of the manuscript. Dr. Andrade: study design, drafting and revision of the manuscript. Dr. Leite: revision of the manuscript, study supervision.

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Correspondence to Dr. Andrade: celi.andrade@usp.br


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