Dural amyloidoma

An unusual presentation of CNS amyloidosis

Figure 1 Diffuse dural amyloidoma

MRI scans exhibit an extensive dural thickening over the cerebral falx and left frontoparietal convexity (arrowheads), which is characterized by intermediate signal intensity on axial T1-weighted images (A) with intense enhancement following IV gadolinium administration (B). (C) The coronal T2-weighted image shows the lesion has predominantly low signal intensity. (D) Three-year follow-up MRI shows lesion progression characterized by dural enhancement in the cavernous sinuses and posterior and temporal fossa on the left side. (E) Six-year follow-up MRI shows significant resolution of contrast enhancement. The patient was treated with corticosteroids and brain irradiation.

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 radiotherapy (figure 1, bottom).

Amyloidosis is a group of diseases characterized by the extracellular deposition of amyloid protein.¹ Extra-axial locations are rare,² but dural amyloidoma should be considered in the differential diagnosis of diffuse meningeal thickening despite the absence of systemic amyloidosis.

(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 $\times 50$).

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