Atypical meningioma mimicking high-grade glioma

A 52-year-old man presented following a motor vehicle collision. Examination revealed a Glasgow Coma Scale score of 15, with right lower extremity paresis. Noncontrast CT demonstrated a left frontal lesion. MRI further characterized the mass within the left superior frontal gyrus, suspicious for high-grade glioma (figure 1). Intraoperatively, the mass exhibited invasive margins, gross hypervascularity, and hemorrhage, without apparent dural attachment. Preliminary diagnosis was glial neoplasm. Final pathology was consistent with meningioma with focal brain invasion and rhabdoid differentiation, without anaplastic features, World Health Organization (WHO) grade II (figure 2). Outcome is correlated with WHO grade.1 Brain invasion is a new WHO diagnostic criterion of atypical meningioma.2

Abdul-Kareem Ahmed, SM, John F. Morrison, MD, Nelli S. Lakis, MD, Edward Stopa, MD, Curtis Doberstein, MD

From the Warren Alpert Medical School of Brown University (A.-K.A.); and Department of Neurosurgery (J.F.M., E.S., C.D.) and Division of Neuropathology, Department of Pathology (N.S.L., E.S.), Warren Alpert Medical School of Brown University, Providence, RI.

Acknowledgment: The authors thank Glenn Tung, MD, for his preparation of the neuroimaging in this report.

Study funding: No targeted funding reported.

Disclosure: The authors report no disclosures relevant to the manuscript. Go to Neurology.org for full disclosures.

Correspondence to Dr. Doberstein: CDoberstein@lifespan.org

Atypical meningioma mimicking high-grade glioma
Neurology 2016;87;2281-2282
DOI 10.1212/WNL.0000000000003364

This information is current as of November 21, 2016