

52nd ANNUAL DIAGNOSTIC SLIDE SESSION 2011

CASE 2011-10

Submitted by: Mark E. Jentoft¹, Dr. Nancy Kois², Bernd W Scheithauer¹.

¹Mayo Clinic, Rochester, MN; ²St. Alphonsus Regional Medical Center, Boise, ID.

Clinical History: The patient is an 11 year old male who presented to the emergency department with a 2 month history of progressive headaches and 2 week history of confusion, nausea, and vomiting who was thought by his parents to have severe “flu”. Physical examination at that time demonstrated bilateral papilledema. A CT scan showed a right frontotemporal mass causing a 1.1 cm right-to-left shift. Given the clinical finding of increased intracranial pressure, the patient received mannitol and steroids and was scheduled for surgery. Subsequently an MRI was performed which demonstrated a large (9.6 x 7.4 x 5.9 cm) mostly homogenously enhancing extra-axial mass in the right sylvian fissure extending almost to the midline of the brain and causing edema in the right temporal, frontal, and parietal lobes. At frontotemporoparietal craniotomy the tumor involved the frontal pole, anterior temporal fossa, and sphenoid wing region. It was described as firm and fibrous, only the basal portion being dura attached. The gross impression was a meningioma of the sphenoid wing.

Material submitted: H&E-stained section

Points for discussion: 1. Diagnosis
2. Pathogenesis