

CASE 2011-11

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Clinical History: This 76-year old lady with a five year history of multiple myeloma had a lytic lesion in the parietal bone, first time detected in July 2003. The lytic lesion involved “the right frontal calvarium” and measured approximately 4.3 x 6.3 cm; it was considered a metastatic carcinoma or a sarcoma.

Radiologic follow-up four months later revealed parasagittal, intracranial and subcutaneous extension of the lesion along the right frontal convexity, associated with dural thickening. This tumour was resected and diagnosed as meningioma II/III, with extensive invasion of bone and subcutaneous tissue. She did not have radiotherapy or chemotherapy.

Follow-up in 2004 revealed no evidence of meningioma or other lesions in the brain or cranium.

Three years later she was admitted to the hospital due to cognitive decline and behavioral changes. Radiological study in March 2007 revealed a recurrent enhancing extra-axial parasagittal frontal tumour measuring approximately 7.0 x 6.0 x 4.0 cm, located mostly in the midline of the vertex. The surrounded brain showed vasogenic edema. The tumour was resected and subsequent MRI's showed no evidence of residual lesion.

Material Submitted:

Sections of the tumour from the second surgery.

Point for Discussion:

Histological nature of the spindle cell component in the tumour