



“A disseminação leptomeníngea do meningioma é rara porém, deve ser incluída no diagnóstico diferencial de novas lesões que surgem precoce ou tardiamente após a ressecção do sítio primário”

DISSEMINAÇÃO LEPTOMENÍNGEA DE MENINGIOMA

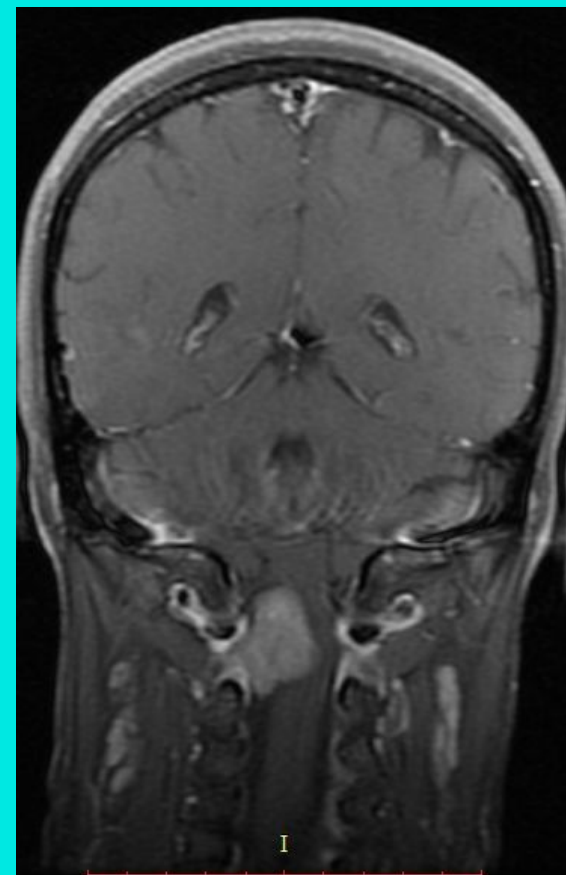
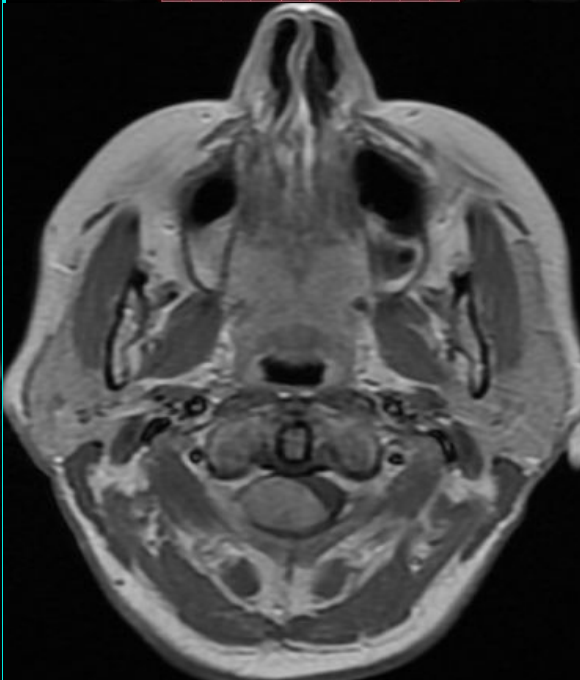
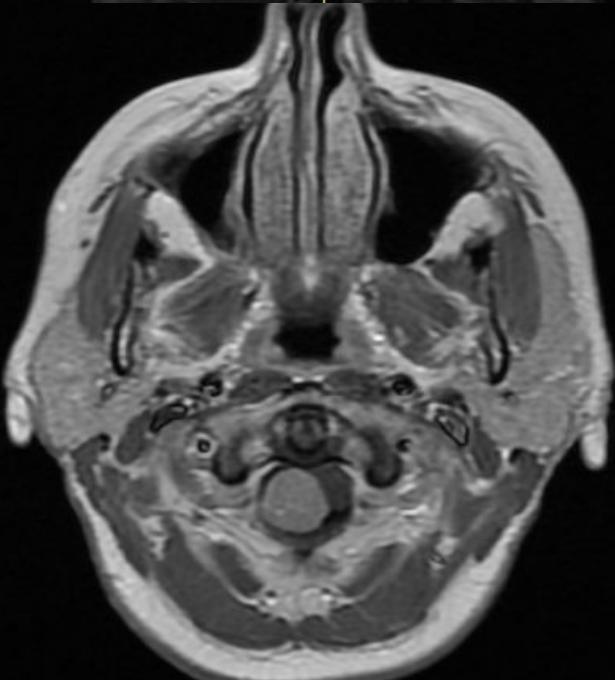
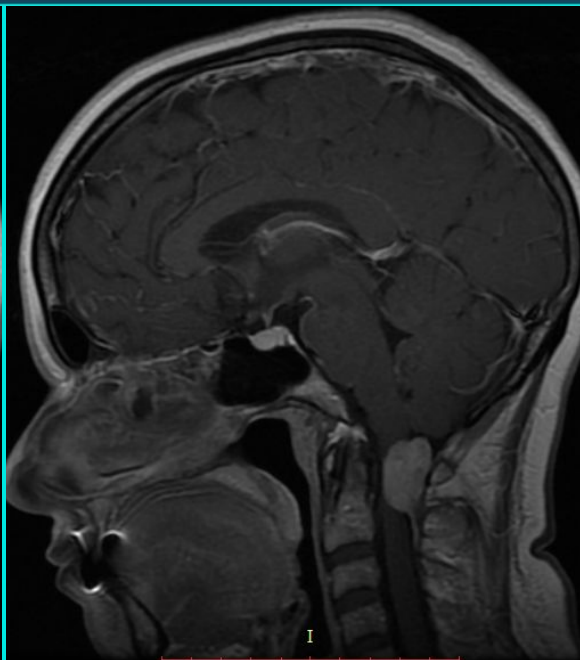
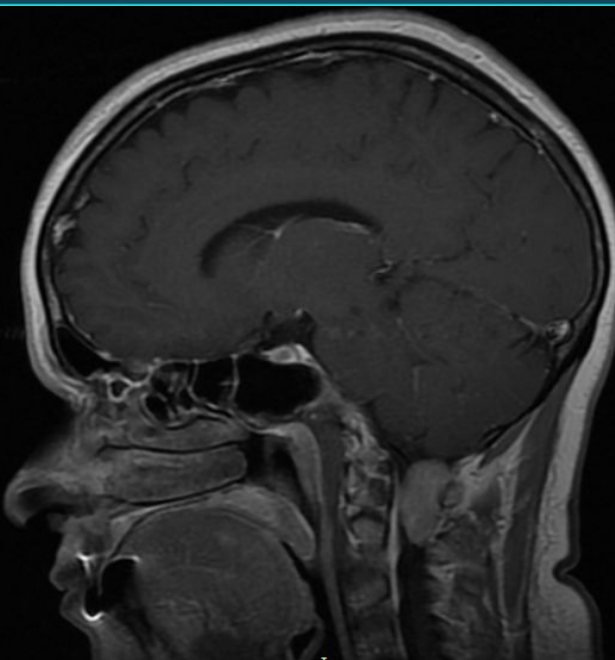


A disseminação leptomeníngea de meningiomas é um evento raro, com alguns poucos casos relatados isoladamente na literatura.

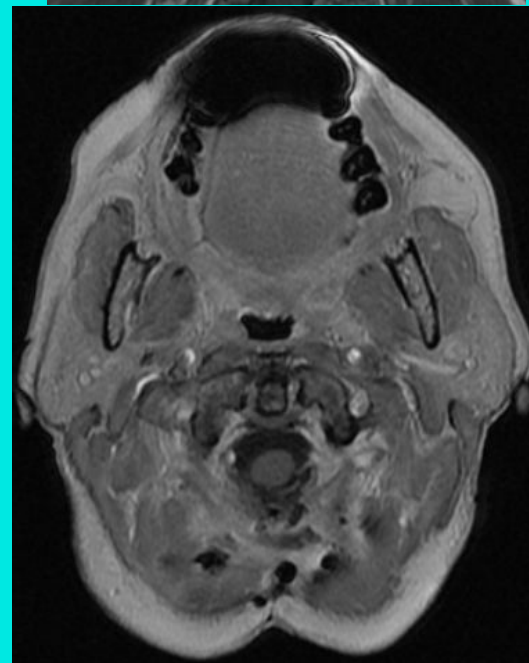
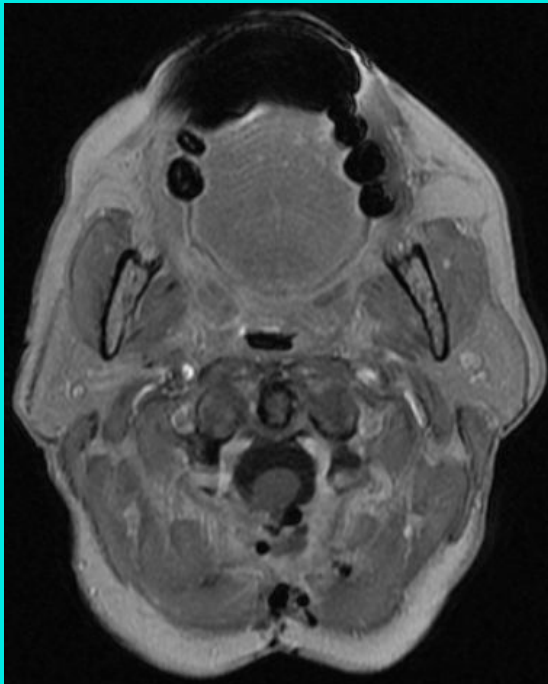
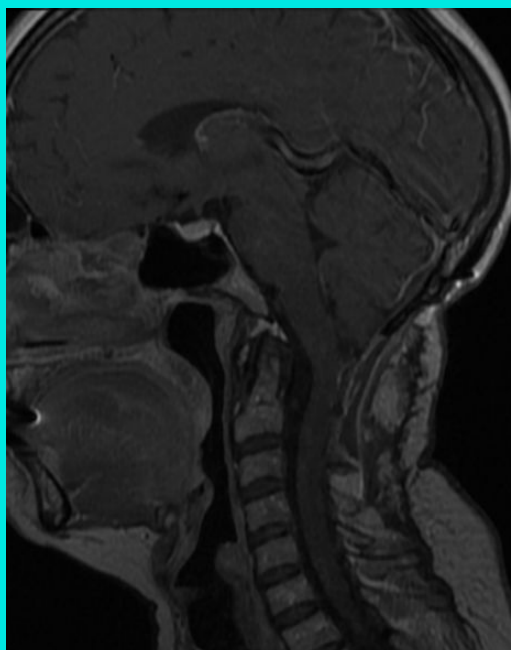
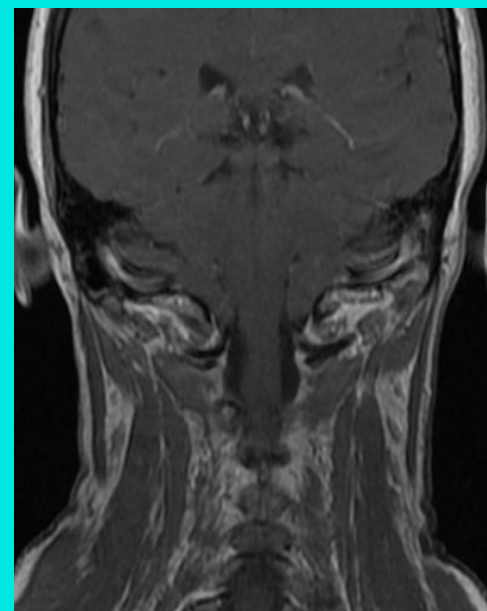
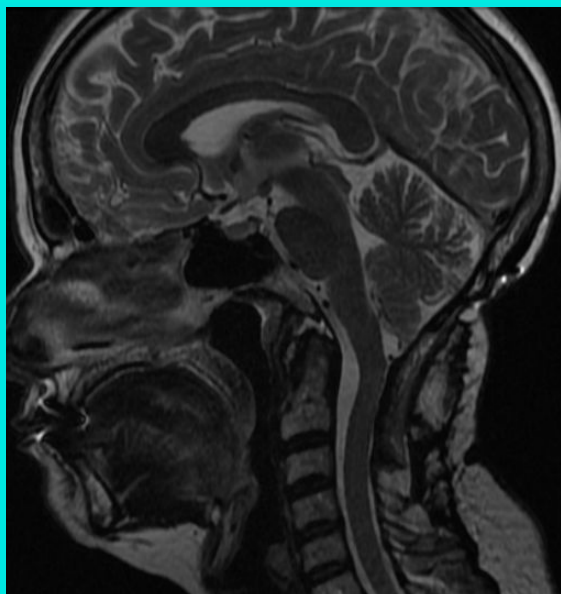
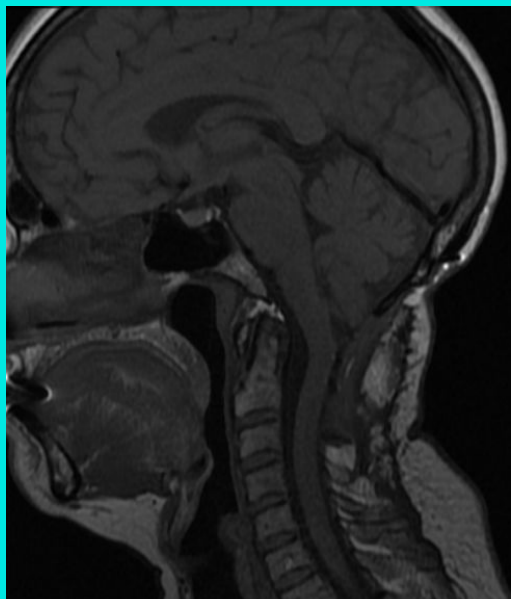
MENINGIOMAS

- 90% benignos, 10% malignos (atípicos e anaplásicos).
- Metástases: mais frequentemente em grau II e III (10-25%).
 - Intra-espinhal: 25-46% dos tumores espinhais primários.
 - Disseminação leptomeningea: rara
 - Patogênese desconhecida: não está claro se meningiomas próximos ou distantes do sítio primário surgem da ressecção incompleta, da disseminação de fragmentos tumorais ou de crescimento tumoral independente.
 - Geralmente a disseminação ocorre fisiologicamente para “baixo”, mas existem casos de disseminação para “cima”.

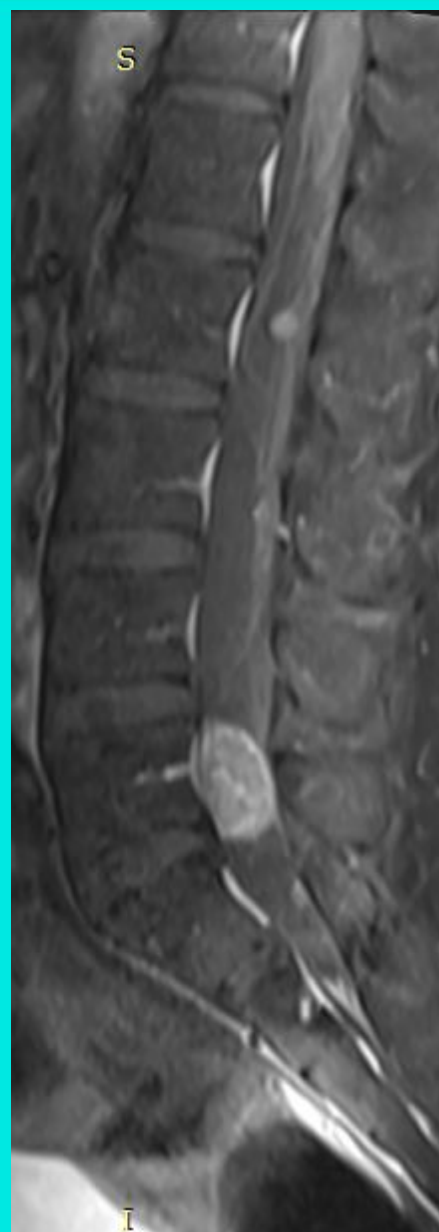
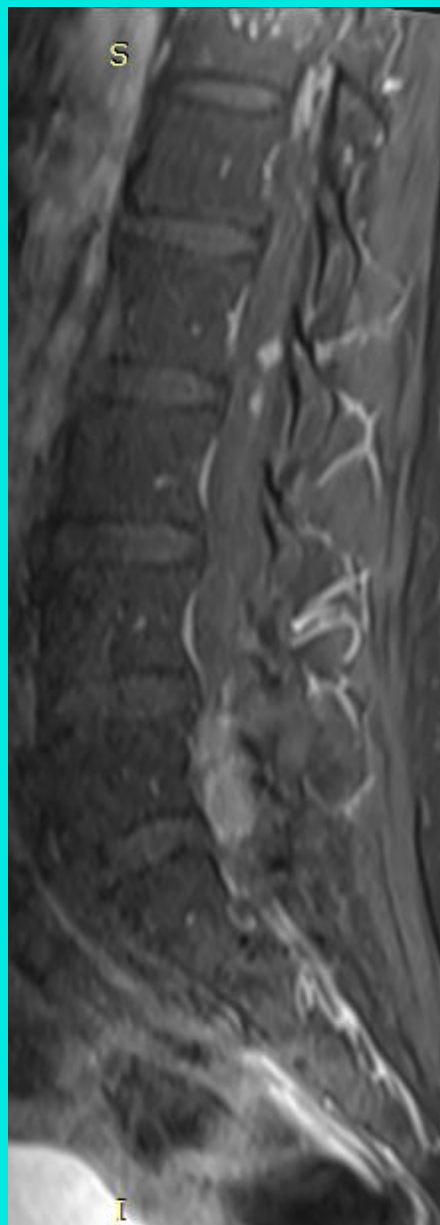
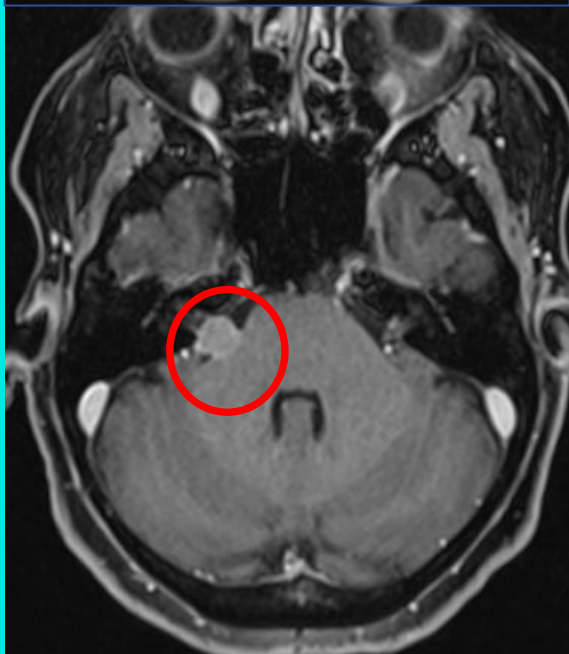
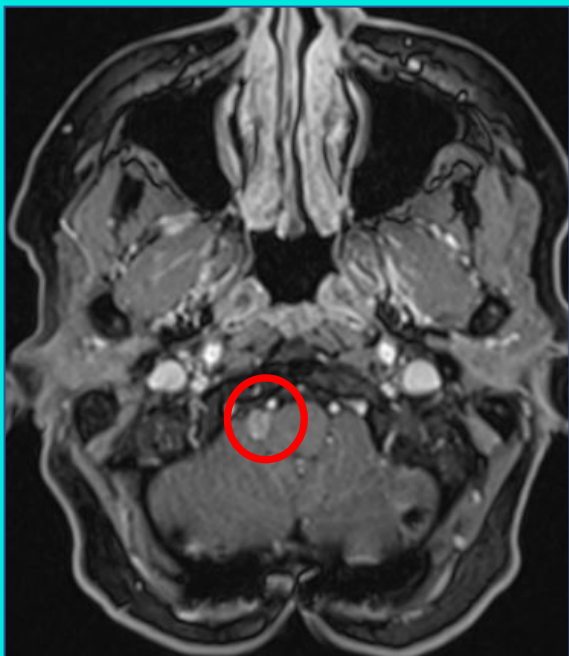
MENINGIOMA DE TRANSIÇÃO CRANIO-VERTEBRAL



Pós ressecção completa Meningioma grau II



Controle 4 anos após, queixa de lombalgia, parestesias e paresias em MMII, submetido a ressecção da lesão intratecal em L5, com diagnóstico de meningioma grau II



COMPANION CASE



Clinical Article

Intracranial Meningioma with Leptomeningeal Dissemination : Retrospective Study with Review of the Literature

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are reported in a small minority of cases. Particularly, metastases through CSF are extremely rare¹⁾ However, considering that meningiomas arise from the arachnoid villi, tela choroidea or leptomeninges, and are naturally exposed to CSF during their growth or at the time of surgical intervention, it is difficult to explain the rarity of LD through CSF.

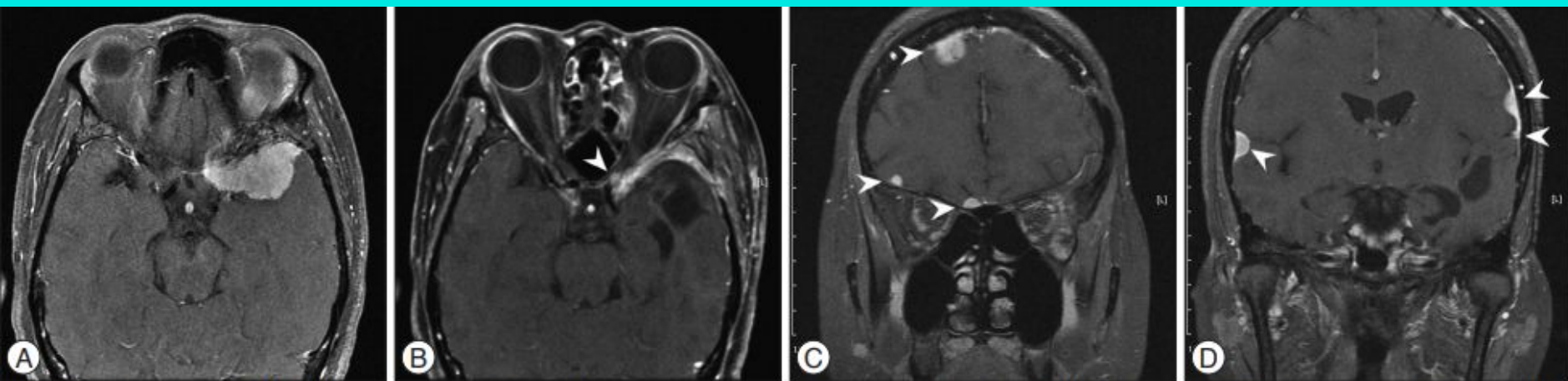


Fig. 2. A : Preoperative MRI displaying a left sphenoidal ridge meningioma. B : Four months later, MRI showing the local recurrence (arrowhead). C and D : Approximately 18 months later, MRI revealing multiple meningiomas around bilateral convexity (arrowheads).

COMPANION CASE

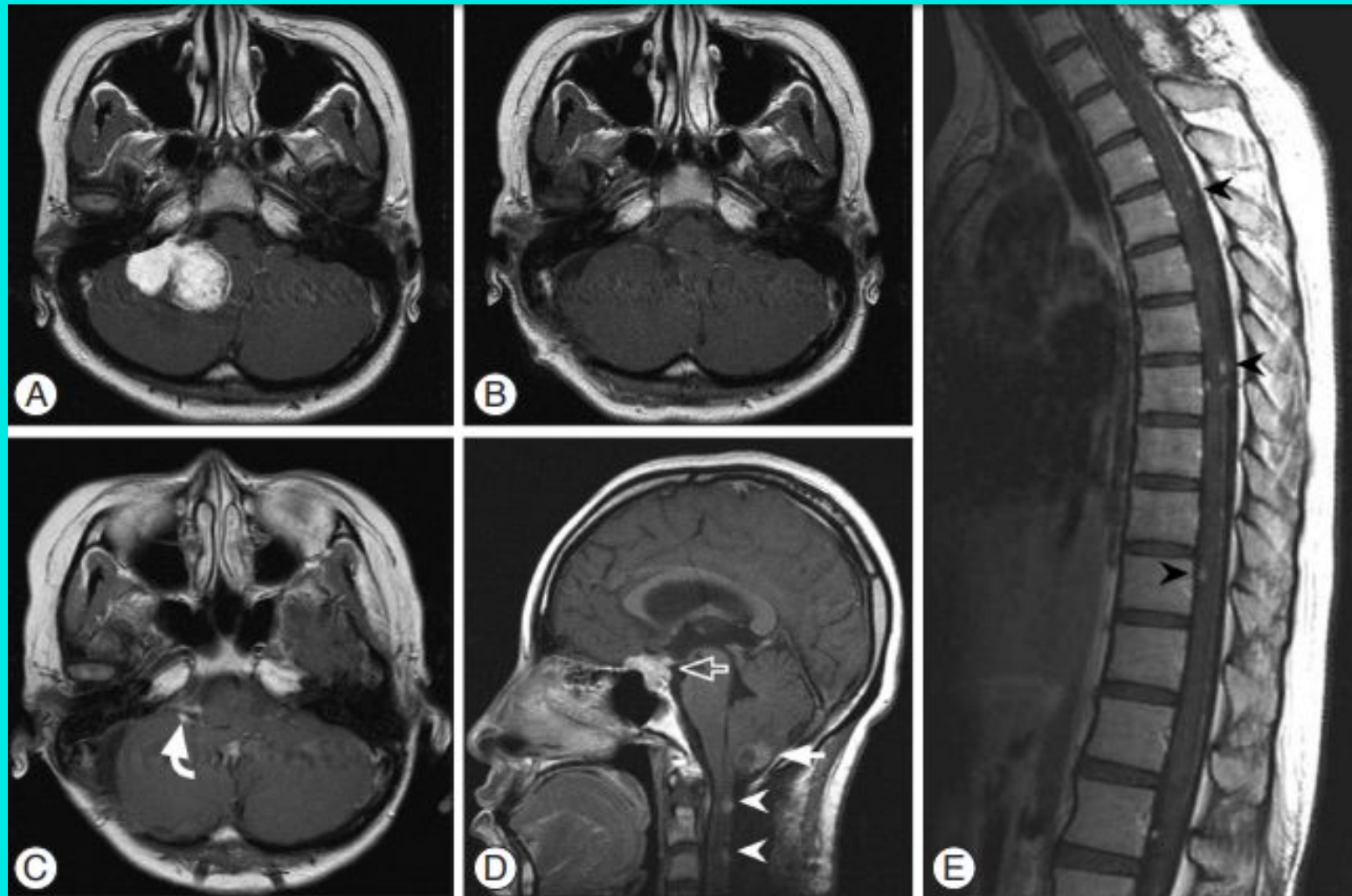


Fig. 1. A : Preoperative enhanced magnetic resonance imaging (MRI) showing a right cerebello-pontine angle meningioma. B : Postoperative MRI displaying Simpson grade II resection of the tumor. C and D : Approximately 2.5 months later, follow-up MRI revealing the local recurrence (curved arrow) and new lesions in the posterior fossa (closed arrow), suprasellar (open arrow) and spinal region (arrowheads). E : Spinal MRI demonstrating multiple leptomeningeal disseminations (arrowheads).



*SkyForce
Choice



- Ki-Su P, et al. Intracranial Meningioma with Leptomeningeal Dissemination : Retrospective Study with Review of the Literature. J Korean Neurosurg Soc 57 (4) : 258-265, 2015.
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- Sundaram C., et al. Benign meningioma metastasizing through CSF pathways: a case report and review of literature. Neurol India. 2002 Sep;50(3):326-9.



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