

## CASE STUDY – LEFT PARIETAL PARAFALCINE MENINGIOMA

### Clinical History

Sudden onset of right sided weakness, facial droop, previous medical history of multiple TIAs and hypertension.



Figure 1.

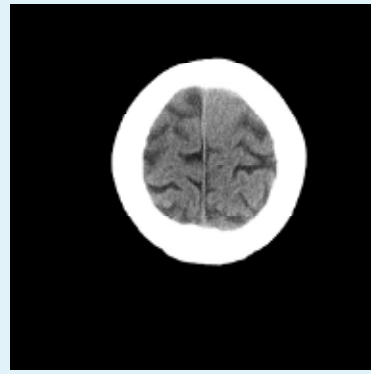


Figure 2.

**Pictures 1 and 2:** Non-enhanced CT of the brain. These images have been acquired at patient admission featuring a poorly defined isodense extra-axial left parietal mass lesion barely distinguishable from the adjacent normal cerebral cortex.

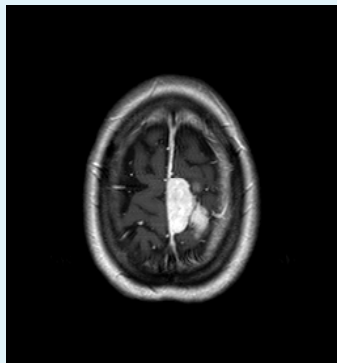


Figure 3.



Figure 4.

**Pictures 3 and 4:** Axial and sagittal T1W MRI images post iv contrast application. The lesion features a vivid homogenous contrast uptake with broad based dural contact and perifocal thickening of the adjacent dura resembling a “dural tail” sign consistent with a meningioma.

### Radiological Report

The non enhanced CT of the brain has been acquired at patient admission (Pictures 1 and 2). There is no evidence of an intracranial haemorrhage or haematoma. There is also no evidence of recent demarcated ischaemic changes, midline shift or signs of raised intracranial pressure. However, an isodense extra-axial left parafalcine soft tissue mass is identified causing a subtle perifocal mass effect resulting in perifocal sulcal effacement.

A subsequent pre and post iv contrast MRI of the brain confirms the initial CT findings. The suspicious lesion displays a homogenous hypointense signal appearance in T1W images featuring a thin capsule. The T2W images display a hyperintense signal pattern of the lesion concerned. Post contrast T1W images (Pictures 3 and 4) demonstrate a densely enhanced lesion with broad based dural attachment and an enhanced meningeal tail as well moderate compression of the adjacent slightly displaced parietal parasagittal gyri. No perifocal oedema is identified. No malignant growth pattern or bony destruction is noted.

CT and MRI findings are consistent with a benign parietal parafalcine meningioma.

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