A 13 years old girl with progressive paraparesis of 2 years duration showed brisk deep tendon jerks in the lower limbs and absent abdominal reflexes. Sensory impairment was present below T8 level. Bladder and bowel was not involved. MRI spine showed isointense intradural extra medullary mass on T1WI at the level of T8-T9. The mass was situated anteriorly and to the left side, pushing the cord towards right side (Fig. 1). On T2WI, homogenous enhancement of the mass after IV gadolinium was seen in both coronal (Fig. 2) and sagittal views (Fig. 3). In coronal view hyperintense signals were seen in both supero and infero lateral margins of the mass on the left side indicating positive dural tail sign, characteristic of meningioma (Fig. 2).
Images : Multiple Meningiomas

A 27 years old female, presented with severe headache of one month’s duration. X-ray skull lateral view showed localized hyperostosis of the sphenoid bone and enlarged vascular channels of skull vault Fig. 1. CT and MR showed multiple meningiomas in different neuro-axial compartments (Fig. 2 and 3). Patient had no other sign or symptom of a neuro-cutaneous syndrome. There was no evidence of Von Recklinghausen’s neurofibromatosis in either the patient or in other family members. There was no history of radiation beam therapy.

The underlying mechanism of multiple meningioma formation is unknown. It is thought that multiple meningiomas arise from uncontrolled spread of a single progenitor cell. Another hypothesis suggests that multiple separate meningiomas originate from multicentric neoplastic foci activated by a supposed ‘tumor-producing factor.

Fig. 1

Fig. 2

Fig. 3

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