Sphenoid Wing Meningioma Presenting as Movement Disorder: Letter to Editor

Sphenoid wing meningioma usually presents with features of raised intracranial pressure, convulsions, diminished vision and ocular features. Tremors at rest as presenting features is extremely rare, although movement disorders in various intrinsic and extrinsic brain tumors and intracranial hematomas have been reported.1

A 52 years old female presented with off and on frontal, dull aching, headache for the last six months. It had become continuous for the last two months. She had associated diminished vision, weakness of left half of body and rest tremors in right upper limb and had become blind a month later. There was history of loss of consciousness four months back for about an hour. Examination revealed secondary optic atrophy. There was left hemiparesis with power grade 4/5. Rest tremors were present in right upper limb. CT scan was suggestive of right medial and middle third sphenoid wing meningioma with significant peri-lesional edema extending upto the basal ganglionic region with midline shift (Fig. 1). Total excision of tumor was done. She was fully conscious and oriented to time place and person with power grade 4/5 on left side post-operatively. Histopathological examination revealed angioblastic meningioma.

Rest tremors in brain tumors are rare although brain tumors and hematomas may manifest as movement disorders.2,3 Basal ganglion plays major role in control of movements. Direct mechanical pressure and or torsion of basal ganglion, impairment of blood flow to subthalamic nuclei and peri-lesional edema may cause movement disorders.4 Co-existing lacunar infarct of the basal ganglion in hypertensive or diabetic patients may be responsible in some cases.5 Positron emission tomography (PET) studies in patients with frontal meningioma have shown impaired oxygen metabolism and tissue perfusion in the striatopallidal area.6 Movement disorders are produced more with the extra-axial masses impinging on the basal ganglion, rather than infiltrating lesions.7 Although our patient manifested as rest tremors and other features of brain tumor, there may be patients with predominating features of a movement disorders. CT scan or MR should be done in these patients. Excision of tumor usually results in disappearance of the movement disorders.

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References