Cystic olfactory groove schwannoma

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Intracranial schwannomas not related to cranial nerves are unusual and rarely found in the subfrontal region. We report a case of cystic olfactory groove schwannoma in a 55-year-old male, who presented with late onset seizure without raised intracranial pressure. The tumor was excised completely.

Key Words: Schwannoma, anterior cranial fossa, neurilemmoma

Introduction

Intracranial schwannomas not associated with cranial nerves account for less than 1% of surgically treated schwannomas of the central and peripheral nervous system. Subfrontal schwannomas are rare and less than 20 cases have been reported in the literature. We report a case of cystic olfactory groove schwannoma and briefly review the literature.

Case Report

A 55-year-old man had an episode of generalized seizures. There were no symptoms of raised intracranial pressure or focal neurological deficit. Neurological examination revealed preserved olfaction and no other abnormality. The T1-weighted magnetic resonance (MR) image revealed a well-defined hypointense lesion situated in the midline anterior cranial fossa, elevating and minimally compressing the frontal lobe. The lesion was homogenously hyperintense in the T2-weighted image and isointense in the flair images (Figure 1). The Gadolinium injection caused a heterogeneous enhancement giving it a honeycomb appearance (Figure 2).

He underwent left fronto-temporal craniotomy and total excision of the tumor. The tumor was grayish, well-defined and contained multiple cysts filled with xanthochromic fluid. The intervening tissue was grayish, containing thin blood vessels. The tumor was attached to the dura just lateral to the left cribriform plate with a narrow pedicle. The ipsilateral olfactory bulb was flattened and markedly thinned out and could not be separated from the surrounding gliotic cortex. However, the contralateral olfactory tract was preserved. The histopathological features were suggestive of typical schwannoma. The tumor cells exhibited a strongly positive staining pattern for S-100 protein.

Discussion

Schwannomas commonly arise from the nerve sheaths of the peripheral and the cranial nerves and represent approximately 8% of all intracranial tumors. Even though...
Intracranial plasma cell granuloma

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We report two rare cases of primary intracranial plasma cell granuloma. The tumors probably arose from the dura and involved the cerebral parenchyma. These patients presented with clinical features of raised intracranial pressure and there was focal neurological deficit. The management issues are discussed.

Key Words: Inflammatory pseudotumor, plasma cell granuloma

Introduction

Plasma cell granuloma (PCG) is a rare form of idiopathic inflammatory pseudotumor, characterized by a benign proliferation consisting predominantly of plasma cells and reticulumendothelial elements. Very few cases of primary PCG of the central nervous system are reported. We describe two cases of primary intracranial PCG and briefly discuss the literature on the subject.

Case Reports

Case 1

A 48-year-old lady was admitted with history of progressively worsening headache for one month. She had bilateral early papilledema and no other focal neurological deficit. A CT scan revealed an isodense non-enhancing diffuse left temporal lesion causing mass effect. T1-weighted MRI revealed a diffuse hypointense lesion and T2-weighted MRI revealed a hyperintense lesion in the left temporal lobe. The lesion showed heterogeneous contrast enhancement (Figure 1). She underwent left temporal craniotomy and excision of the lesion. The lesion was dura-based and infiltrated the underlying brain. The brain...