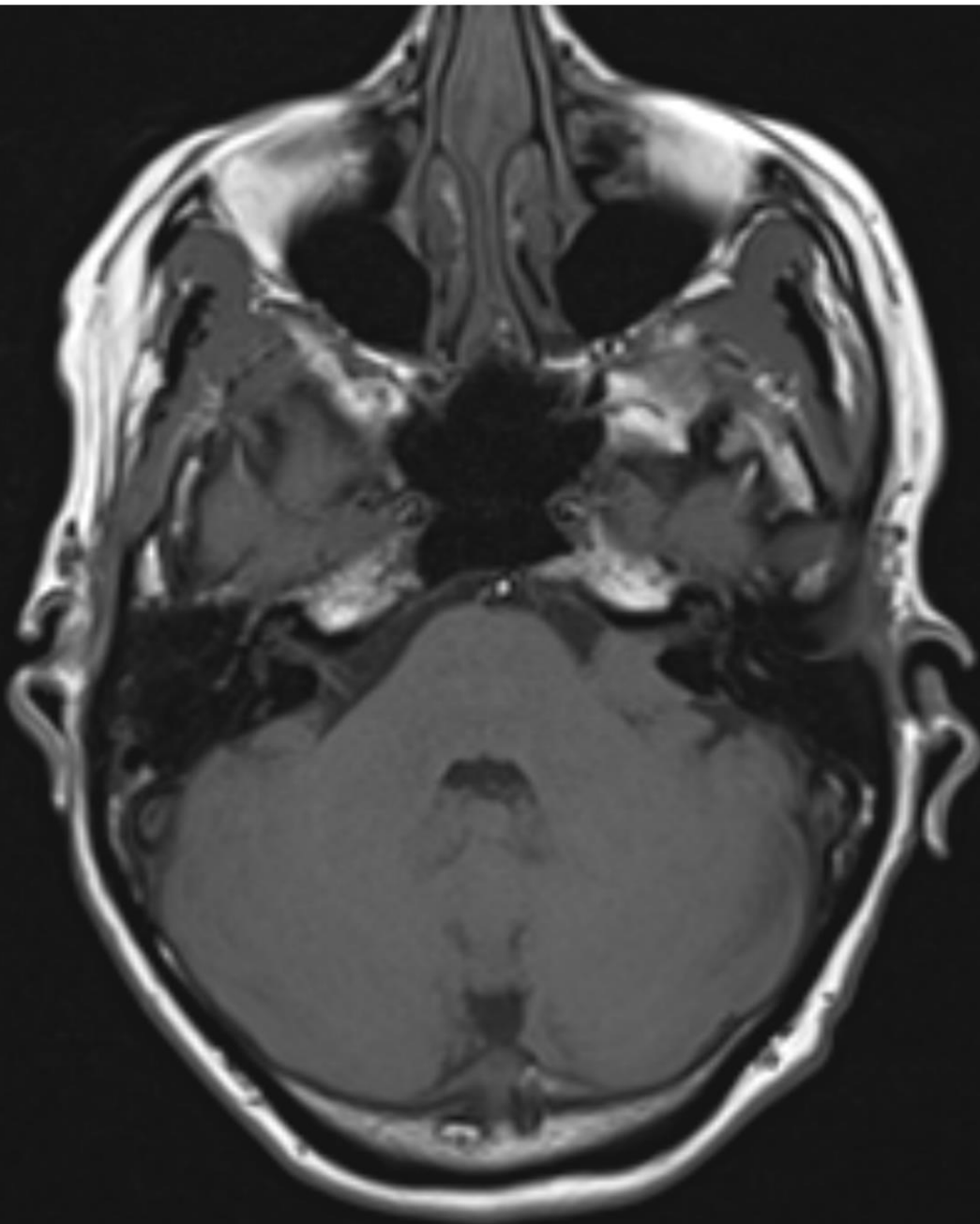


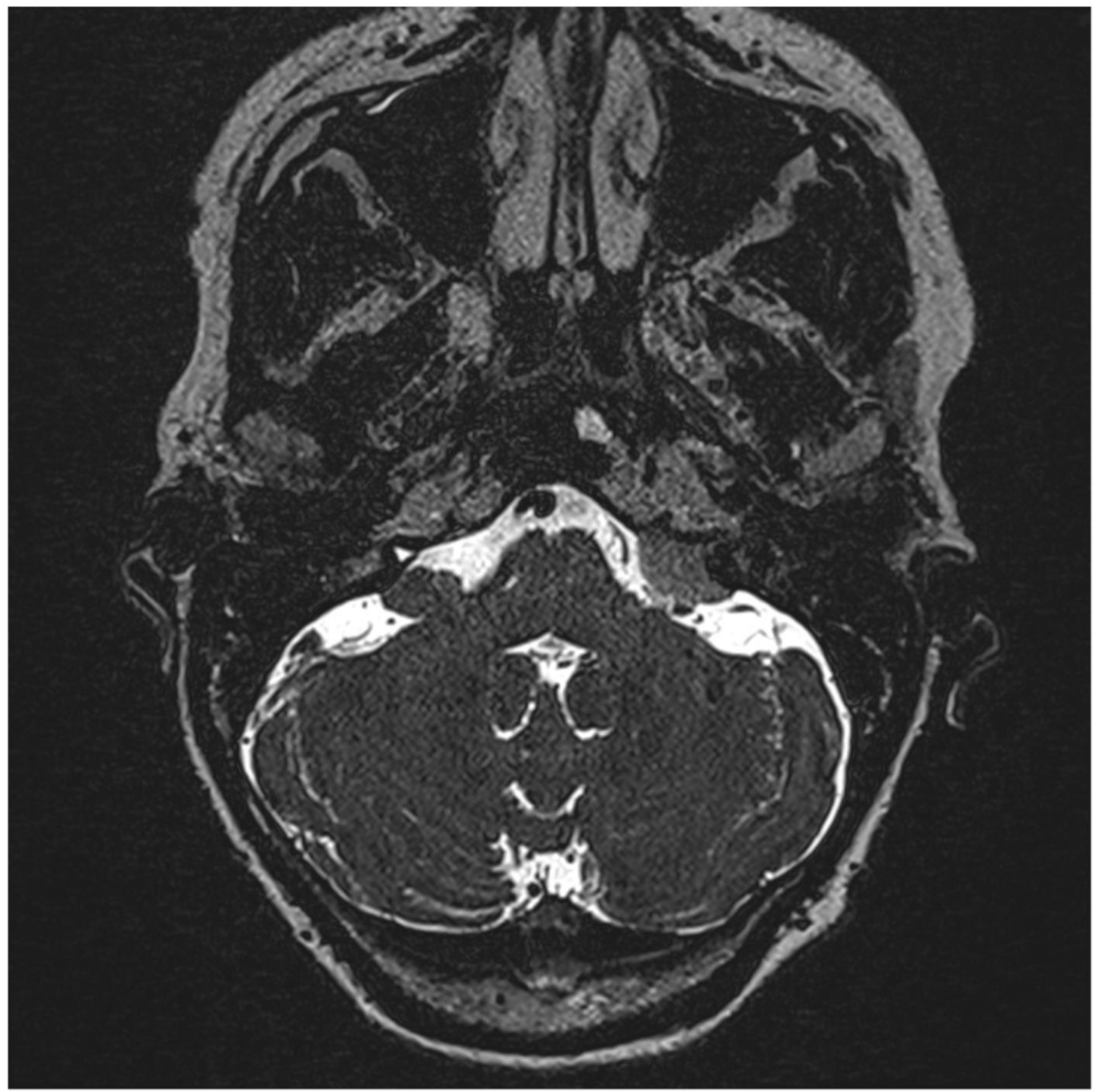
50 y/o female with headache

Edward Gillis, DO



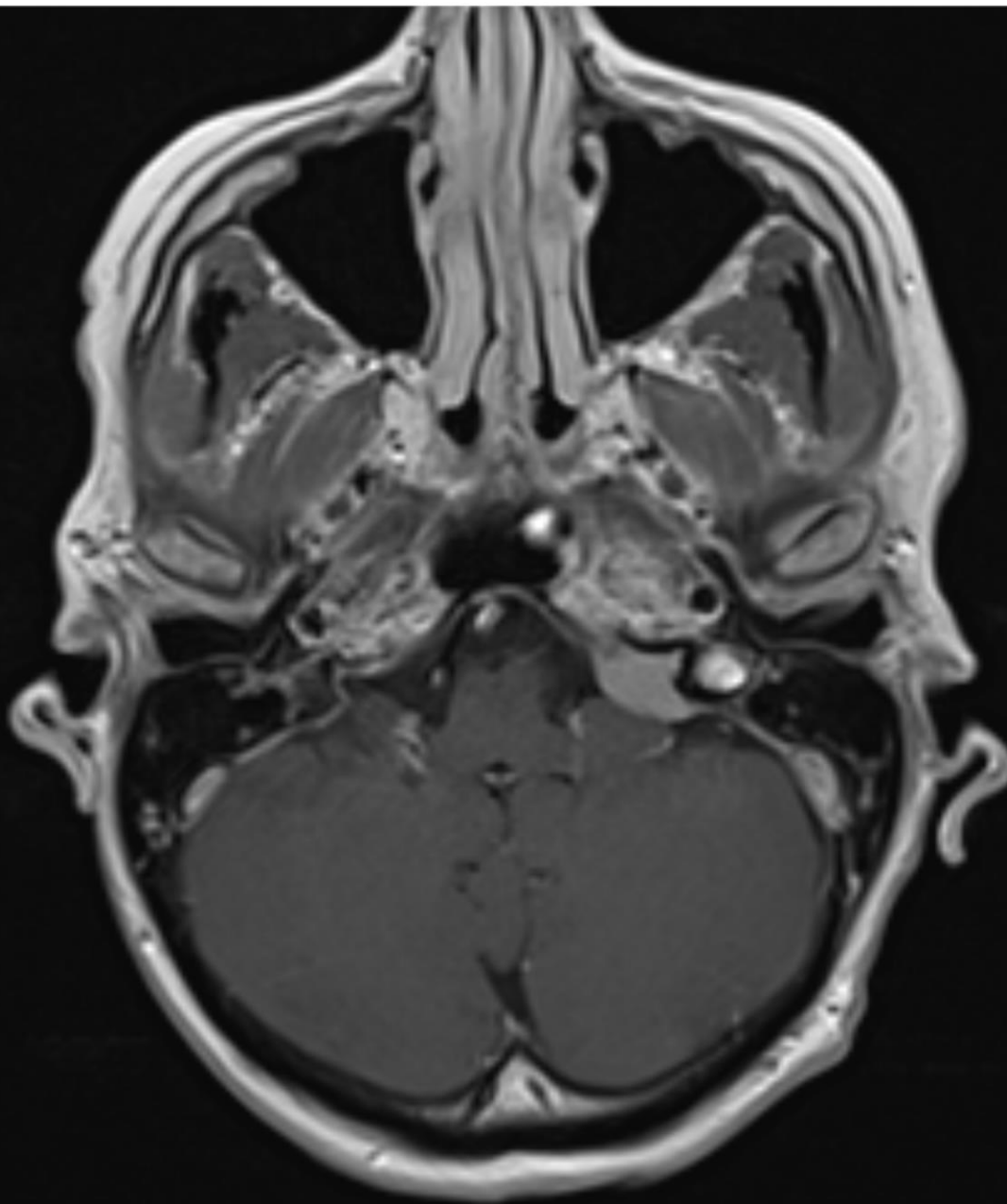
UConn
HEALTH

RADIOLOGY



UConn
HEALTH

RADIOLOGY



UConn
HEALTH

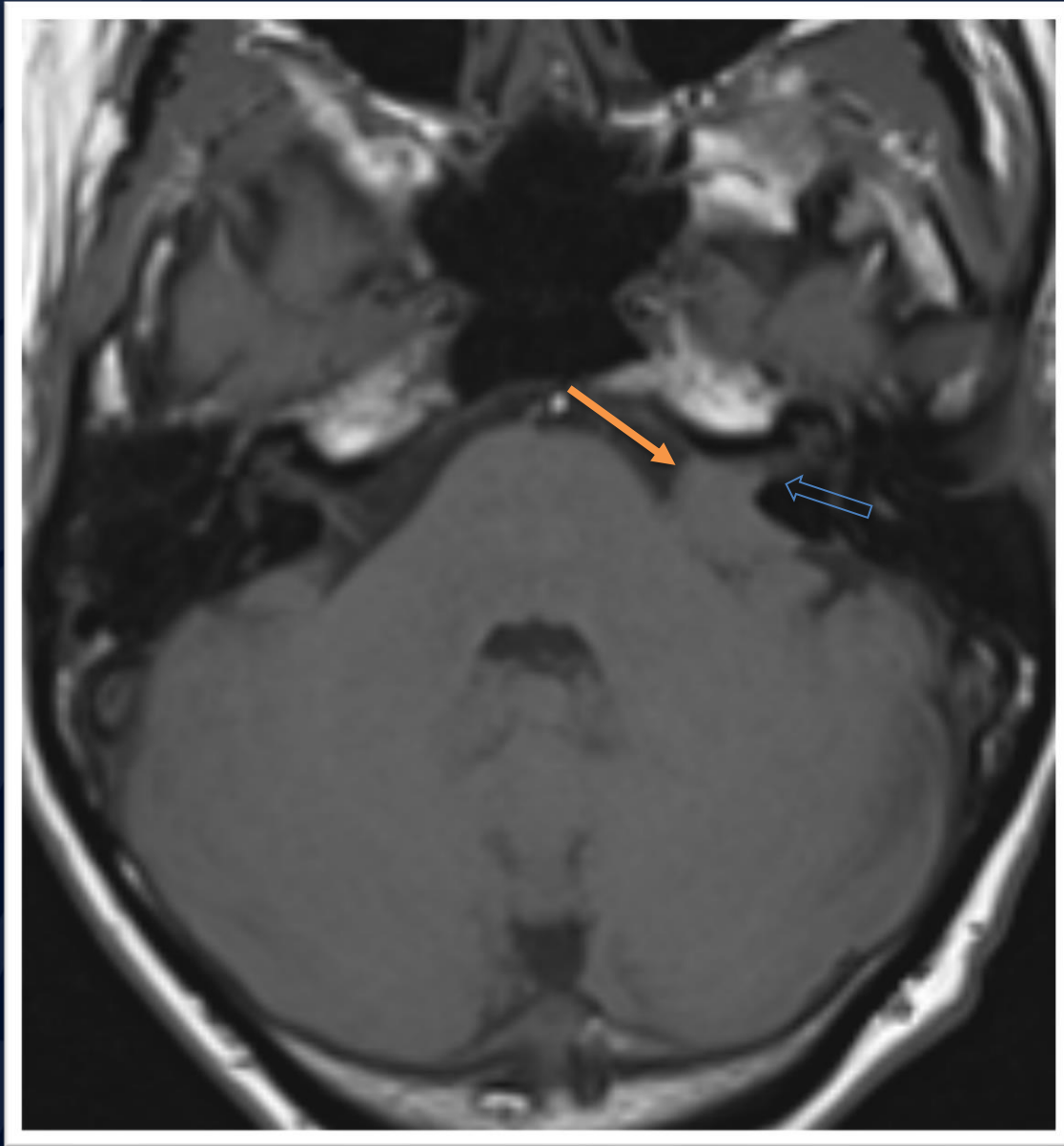
RADIOLOGY

A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide. It features detailed vein patterns and a lobed edge.

?

A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide. The leaf has a prominent central vein and several smaller veins branching off it. The background of the slide is a solid dark blue.

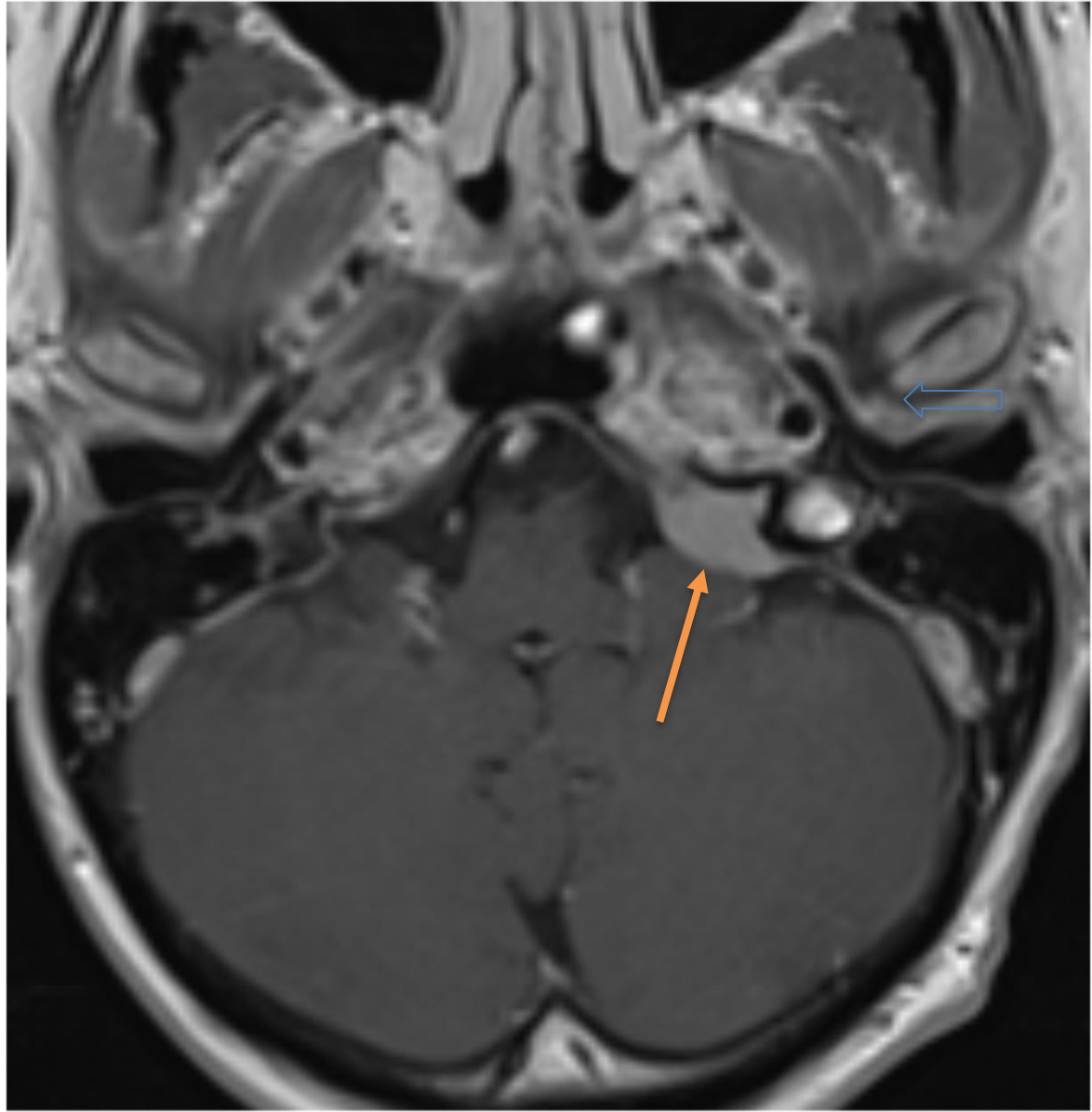
Cerebellopontine angle Meningioma



TW1: Extra-axial mass is seen involving the left cerebellopontine angle (orange arrow) that is isointense to the brain. Slight extension into IAC is present (blue arrow).



T2W: Extra-axial mass involving the left cerebellopontine angle that is slightly hyperintense to the brainstem (arrow).



T1W C+: Homogeneously enhancing dural based mass involving the left cerebellomedullary angle (arrow).

Meningioma

Imaging Features

- Lobulated extra-axial mass that enhances homogenously with contrast
- Broad dural base
- Iso/hypointense to gray matter on T1W images
- Iso/hyperintense to gray matter on T2W images
- Avid, homogenous enhancement
- Dural tail extends from mass on post contrast images
- Vascular or CSF cleft between the tumor and the brain (best seen on T2W images)
- When very large, displacement of vessels helps determine whether extra-axial or not.
- MRA and MRV can be needed when important vessels are near mass.
- Fat suppression is recommended with Gd because osseous involvement is common.

Meningioma

- General Features
 - Arise from arachnoid cap cells
 - Most common nonglial primary neoplasm of the CNS
 - > 95% are WHO grade 1
 - 2nd most common CP angle mass (In CPA, acoustic tumors outnumber meningiomas 4:1).
 - F > M at a 4:1 ratio
 - Peak: 5th-6th decade
 - Hormonally sensitive and may enlarge during pregnancy

Meningioma

- Locations:
 - Parasagittal/convexity - 50%
 - Sphenoid wing – 20%
 - olfactory groove – 10%
 - Parasellar – 10%
 - Miscellaneous locations – 10%
 - Ventricles (most common site in children)
 - If infratentorial, CPA is most likely to be involved

References

1. Brant, W. E., & Helms, C. A. (2012). *Fundamentals of diagnostic radiology*. Philadelphia: Wolters Kluwer Health/Lippincott Williams & Wilkins
2. Buetow, M. P., Buetow, P. C., & Smirniotopoulos, J. G. (1991). Typical, atypical, and misleading features in meningioma. *RadioGraphics*, 11(6), 1087-1106. doi:10.1148/radiographics.11.6.1749851