



A prodigious intracerebral lesion infiltrating the adjacent skull

Image legend

A previously healthy 55-year-old woman was referred to our comprehensive cancer centre due to headaches, loss of balance, dizziness and involuntary movements of the left arm that started 1 year ago and had been escalating in the previous month. Due to worsening of her complaints, with nausea, vomiting, persistent headaches and de novo left hemiparesis with hypoaesthesia, she was admitted to hospital. Magnetic resonance imaging revealed a considerable

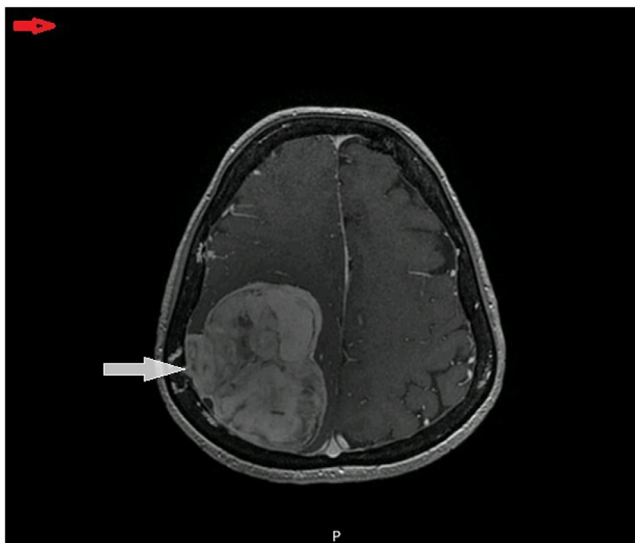


Fig. 1.

✱ Conflict of interest: The authors report no conflicts of interest.

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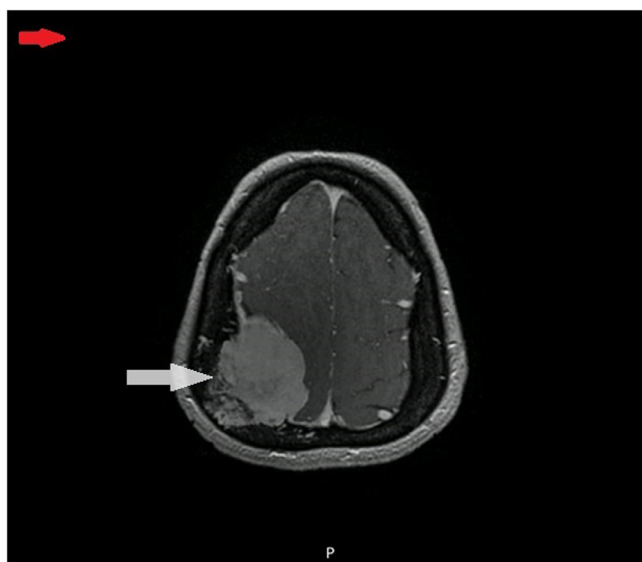


Fig. 2.



Fig. 3.



Fig. 4.

sized intracranial lesion in the right parietal lobe, measuring $76 \times 65 \times 63$ mm, causing significant parenchymal deformity, considerable asymmetry of the right lateral ventricle and an erosive effect of the adjacent skull. This image was suggestive of meningioma. A right parieto-occipital craniotomy was performed, with removal of the lesion, with no intraoperative complications. After surgery, multiple episodes of absence seizures occurred, which were eventually controlled with antiepileptic medication, and the hemiparesis resolved. Histologic analysis led to the diagnosis of grade I fibroblastic meningioma (Figs 1-4).

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