



2025

KARNATAKA RADIOLOGY EDUCATION PROGRAM



MENINGIOMA

BY

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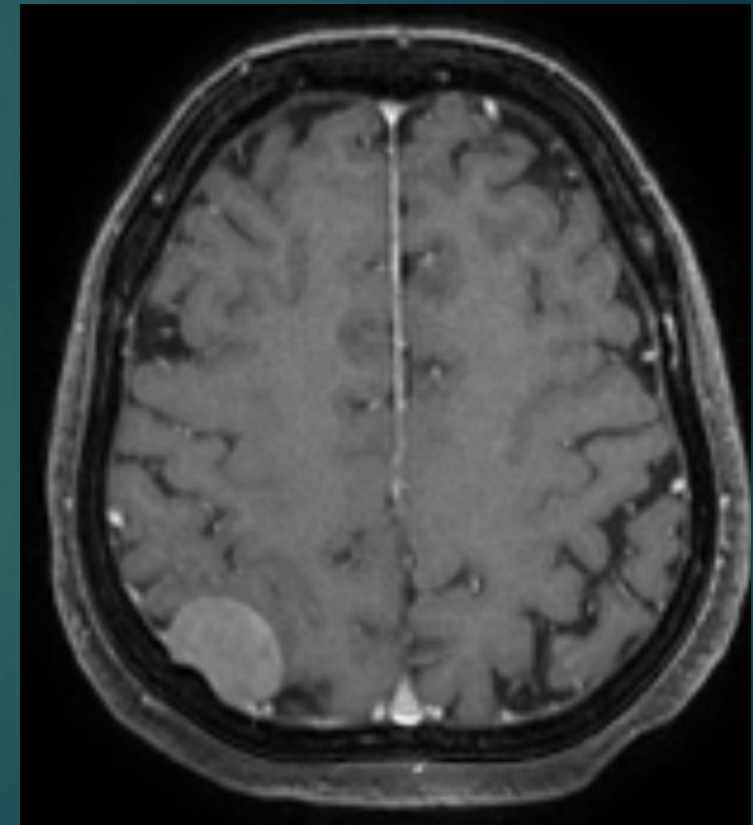
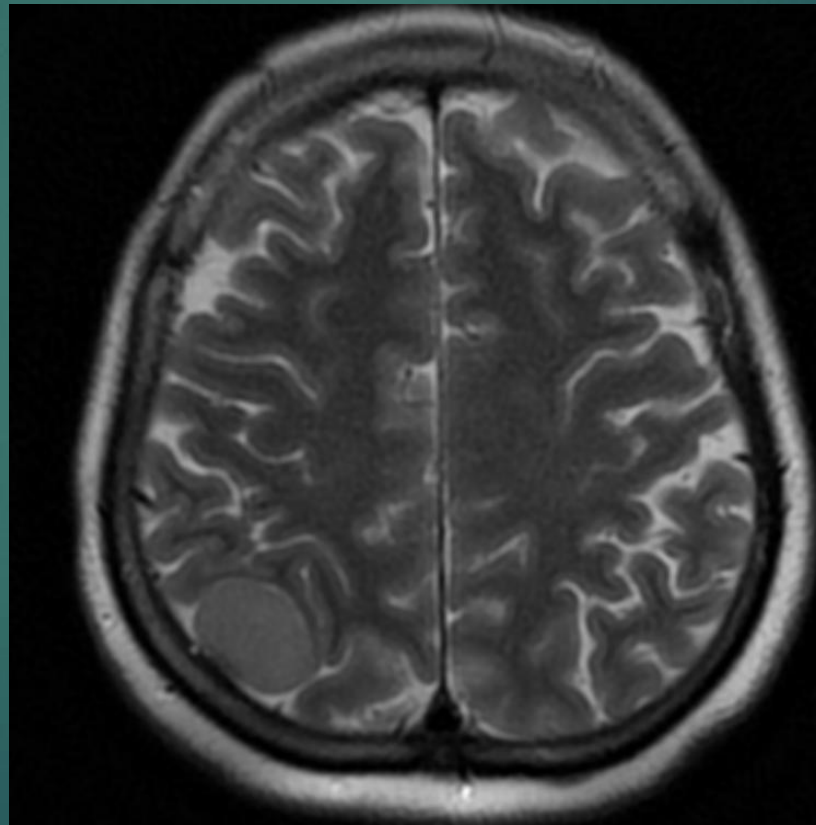
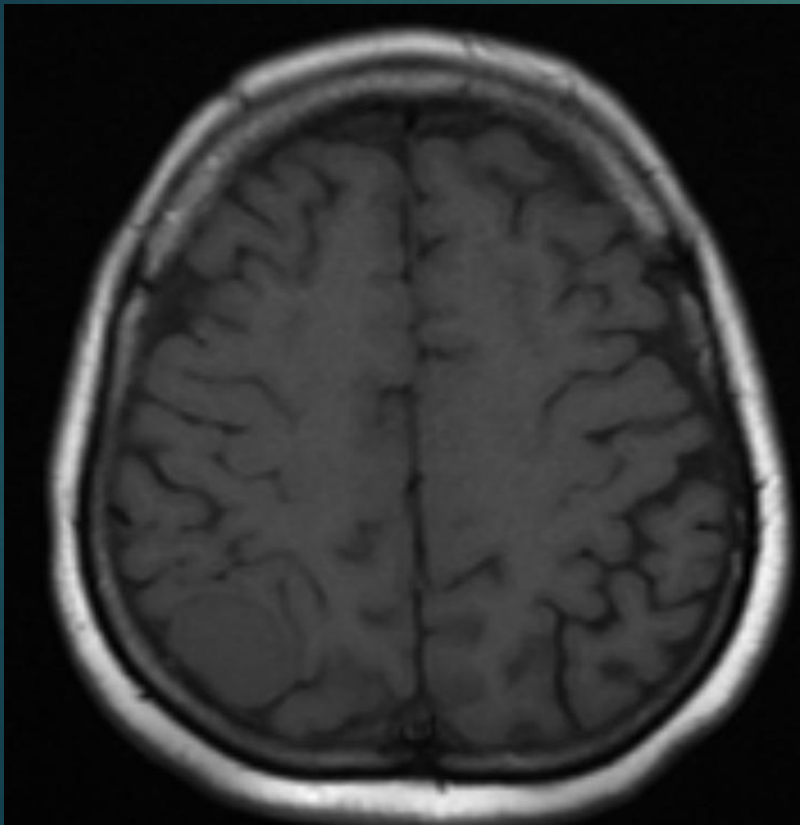
DEPT OF RADIODIAGNOSIS.

SUBBAIAH MEDICAL COLLEGE, SHIMOGA.

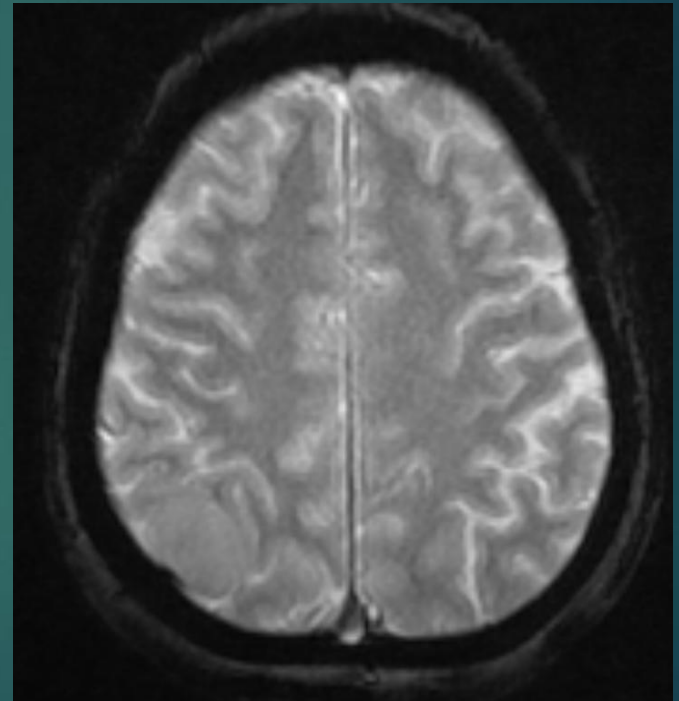
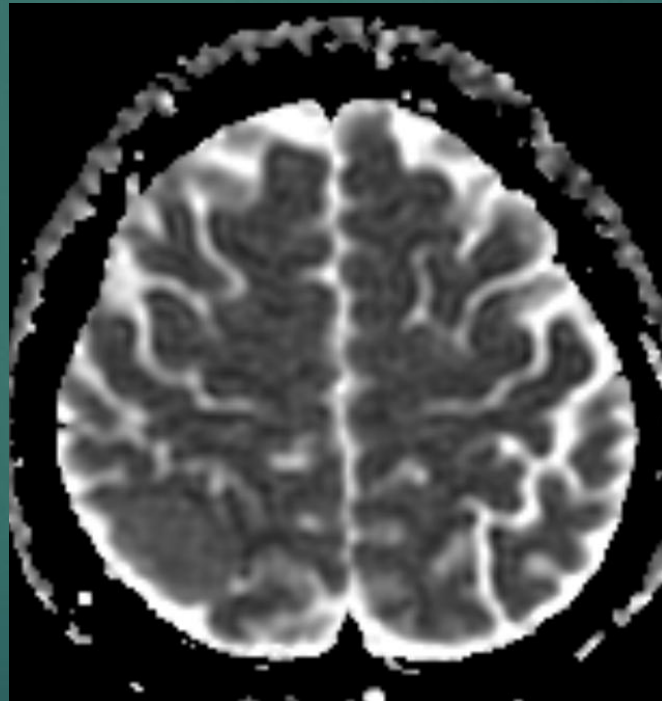
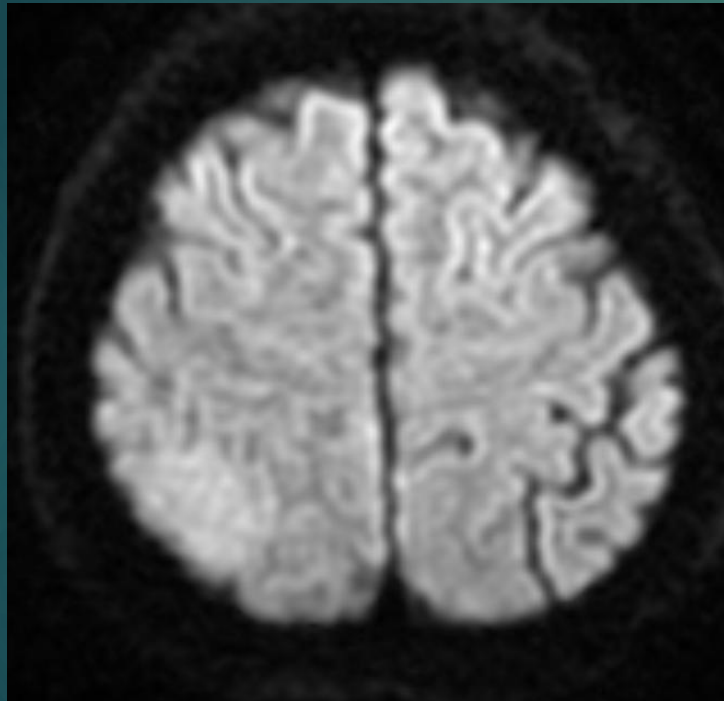
History

- ▶ 48Y old male patient with history of headache since 2months
- ▶ k/c/o seizure disorder
- ▶ No h/o trauma
- ▶ No h/o fever or pain

MRI FINDINGS :Well defined extra axial lesion noted in right parietal convexity which is isointense to cortex on T1 and T2
On post contrast T1- shows enhancement with positive dural tail sign.



No restriction DWI and blooming on SWI



► Summarizing the findings

- Extraaxial
- Isointense to cortex on T1 and T2
- Intense contrast enhancement
- Positive dural tail
- No bony erosion

► Diagnosis: **Meningioma**

Dds

Hemangiopericytoma

Atypical meningioma

Points favoring HPC:

- ▶ Younger adult
- ▶ Extra axial
- ▶ Lobulated appearance with mushrooming towards brain parenchyma
- ▶ Intense contrast enhancement
- ▶ Presence of bony erosion without parenchymal invasion

THANK YOU