

Uncommon but Unmistakable: A Case Report of Meckel's Cave Meningioma

Siham Oukassem*, Yassine Zerhari, Hatim Essaber, Asaad El Bakkari, Soukaina Allioui, Hounayda Jerguigue, Youssef Omor and Rachida Latib

Radiology Department of National Institute of Oncology of Rabat, University Mohammed Vth Rabat, Morocco

***Corresponding Author:** Siham Oukassem, Radiology Department of National Institute of Oncology of Rabat, University Mohammed Vth Rabat, Morocco.

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A 69-year-old woman presented with a 9-month history of progressive facial numbness in the distribution of the left mandibular nerve and left facial palsy. Magnetic resonance imaging (MRI) revealed a lesion of left Meckel's cave, isointense compared with surrounding brain on T2 weighted-imaging and Fiesta sequence (Figure 1A and 1B) and shows avid enhancement after gadolinium administration (Figure 1C), consistent with a Meckel's cave meningioma, Grade IV of Samii classification.

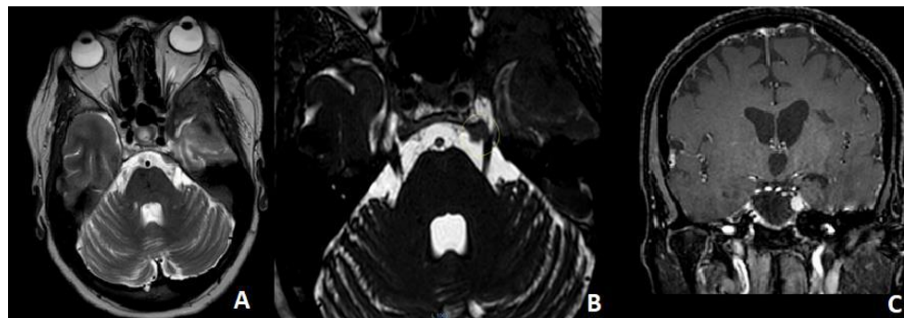


Figure 1: T2-WI in axial section (A), axial FIESTA (B), and T1-WI after Gadolinium administration (C). (A, B) shows a lesion of left Meckel's cave, isointense compared with surrounding brain and after gadolinium administration (C), it shows avid enhancement.

Meningiomas in Meckel's cave are uncommon and often involve the trigeminal nerve and the dura of the petrous apex. Although they are typically isointense or hypointense on T1-weighted images and hyperintense on T2-weighted images, the lesion may occasionally appear with mixed solid-cystic or predominantly cystic components on imaging.

In cases of Meckel's cave meningiomas, typical or atypical trigeminal neuralgia is the most common symptom. Trigeminal schwannomas are the primary differential diagnosis and typically present with a dumbbell-shaped appearance when they extend into both the

cisternal and cavernous sinus. However, the dynamics of contrast enhancement can aid in the differential diagnosis of neurinomas, lymphomas, and metastases. Meningiomas exhibit faster contrast enhancement than neurinomas.

In conclusion, this case highlights the importance of considering Meckel's cave meningioma in patients presenting with facial numbness and palsy. Proper imaging and interpretation are crucial for the correct diagnosis and management of such lesions [1-3].

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