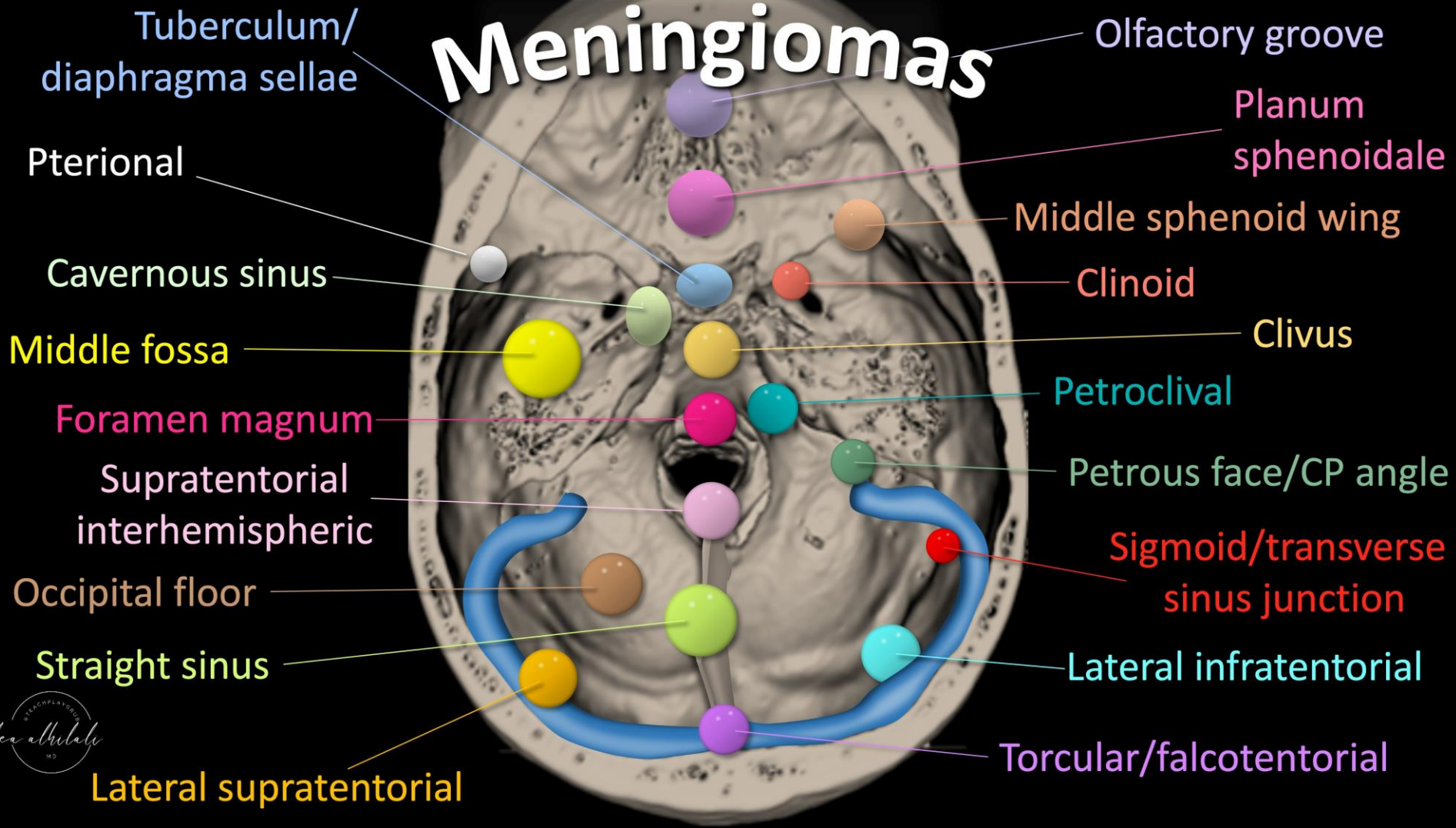
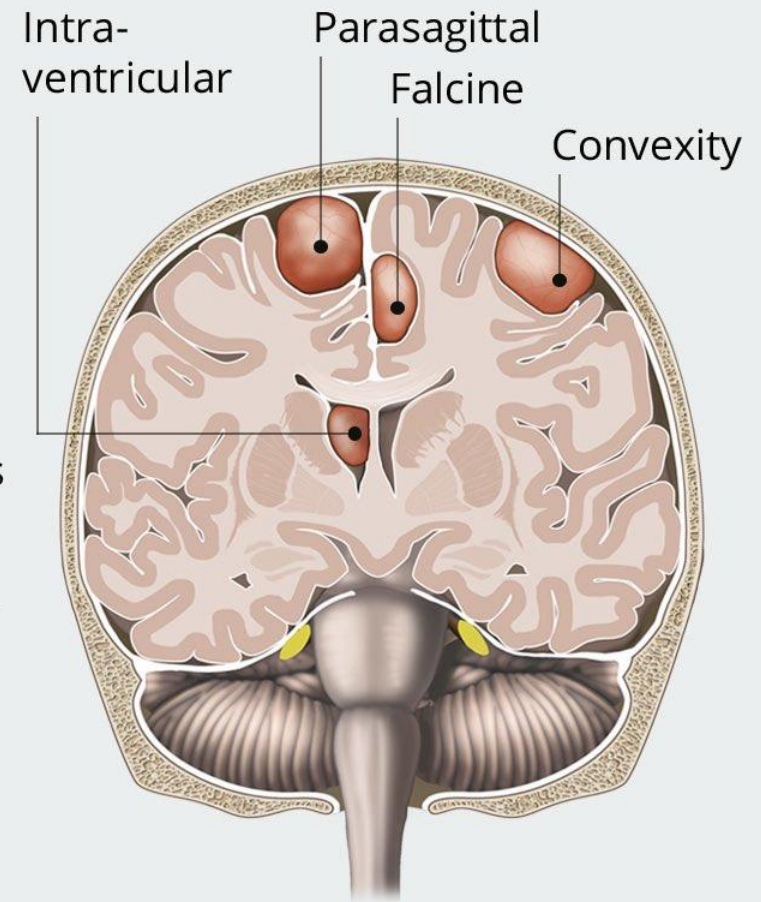
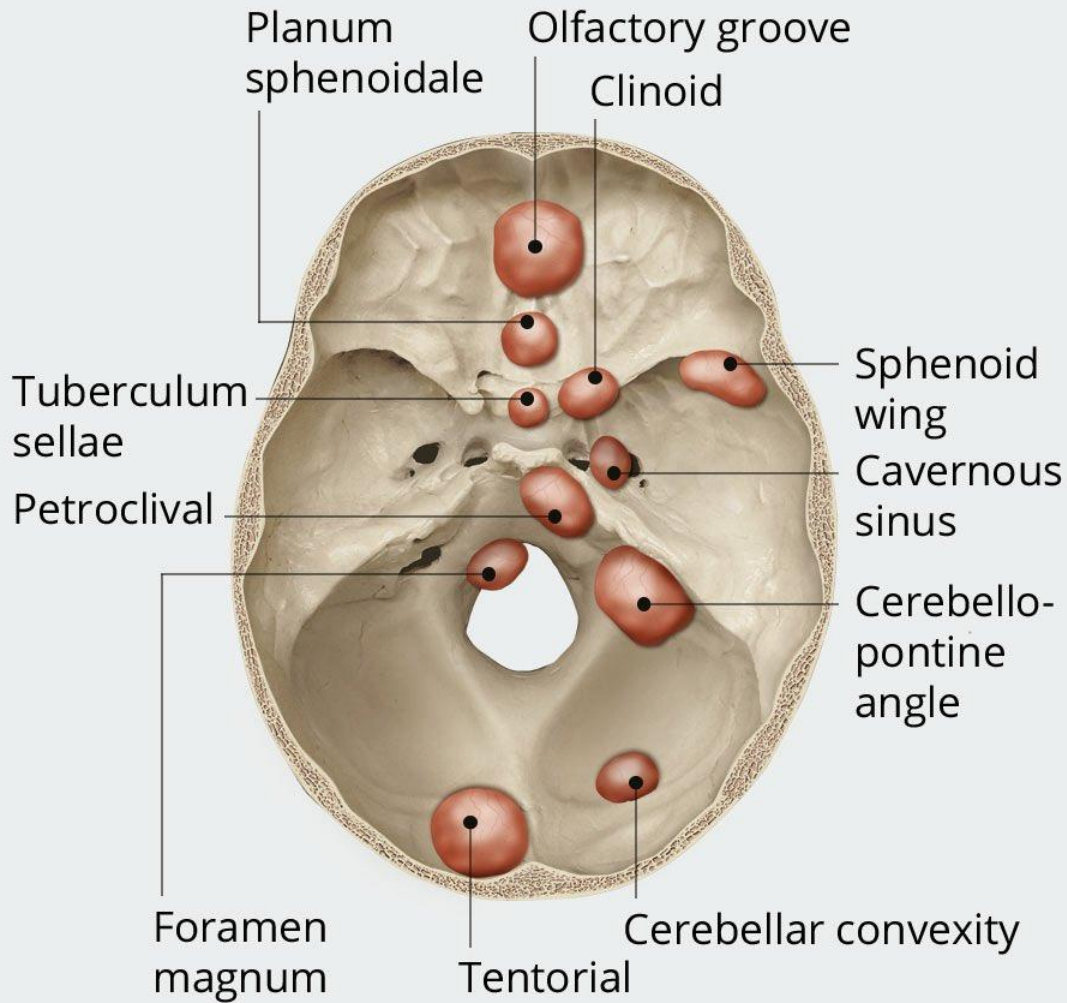


Meningiomas





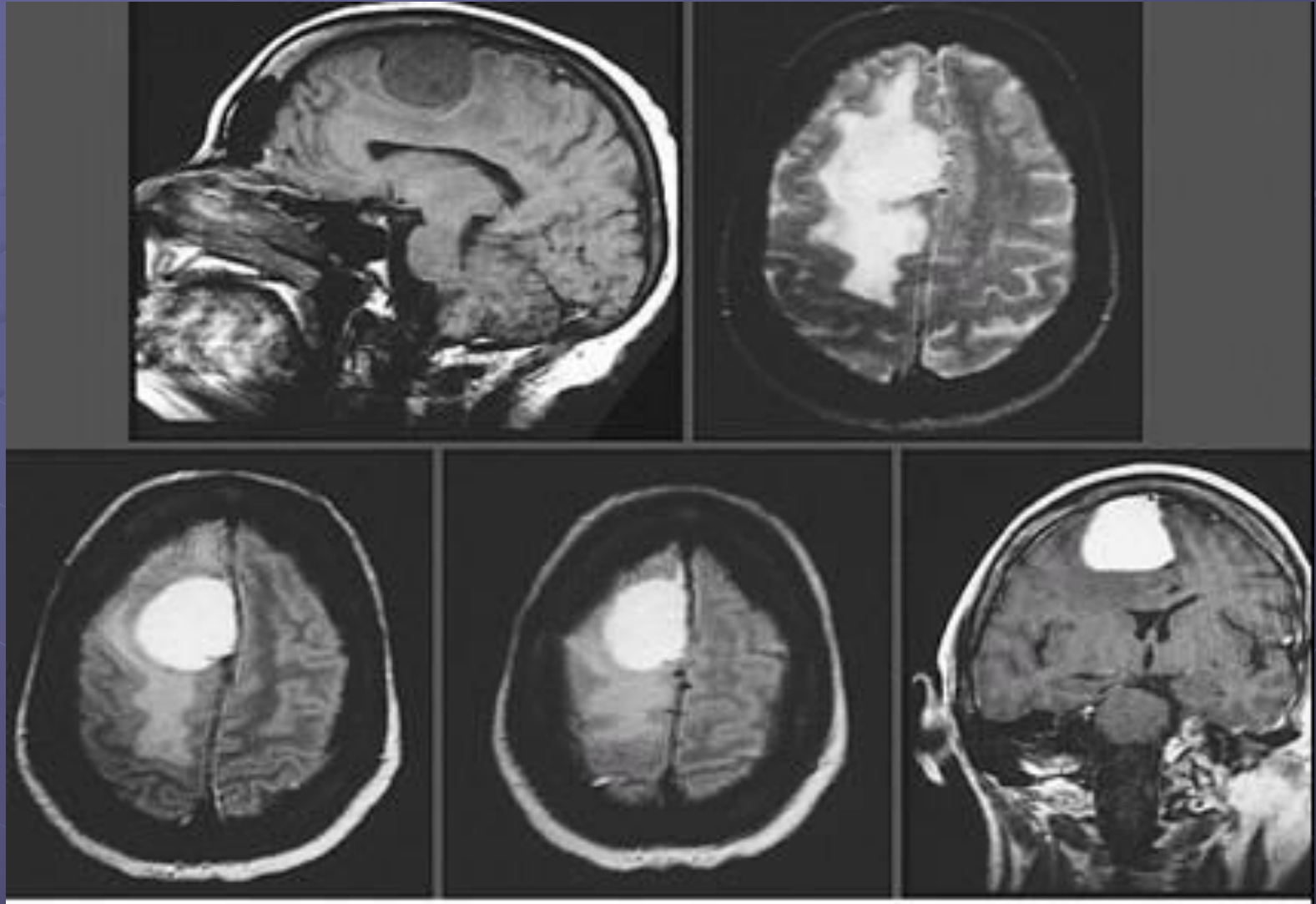
High risk lesions are the medial lesions

- ◆ Clinoid
- ◆ Cavernous sinus
- ◆ Tuberculum sellae
- ◆ Medial/incisural tentorium
- ◆ Clivus

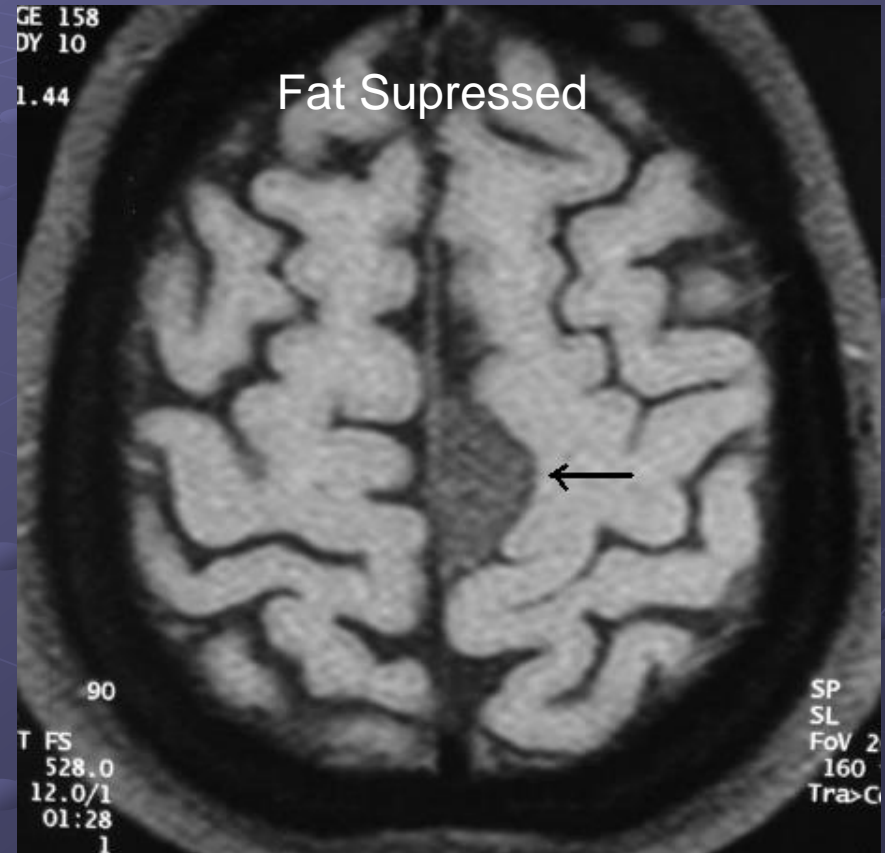
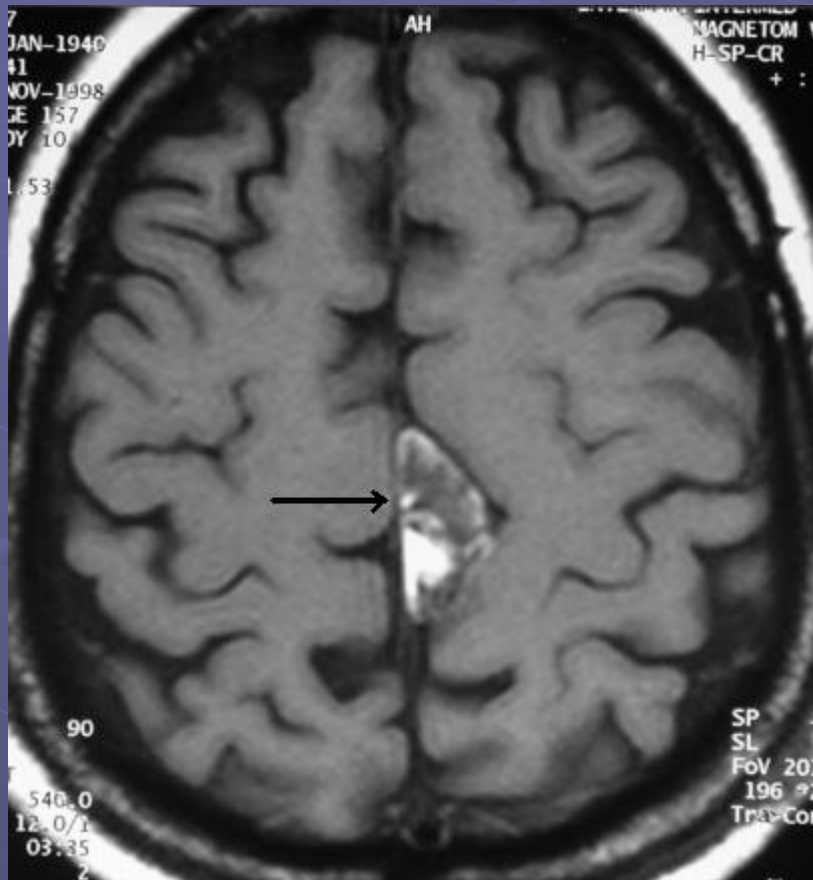
Meningiomas

- Meningiomas are the most common intracranial extra-axial neoplasm
- Meningioma is a slow-growing tumor, compressing but not invading adjacent structures
- CT- hyper-intense mass with homogenous enhancement.
- MRI – iso-hyper-intense on T2 (homogenous enhancement.)
- typically broad-based with a large dural surface contact
- Many times hyperostosis seen on CT scan can give a clue to the diagnosis

Menigioma

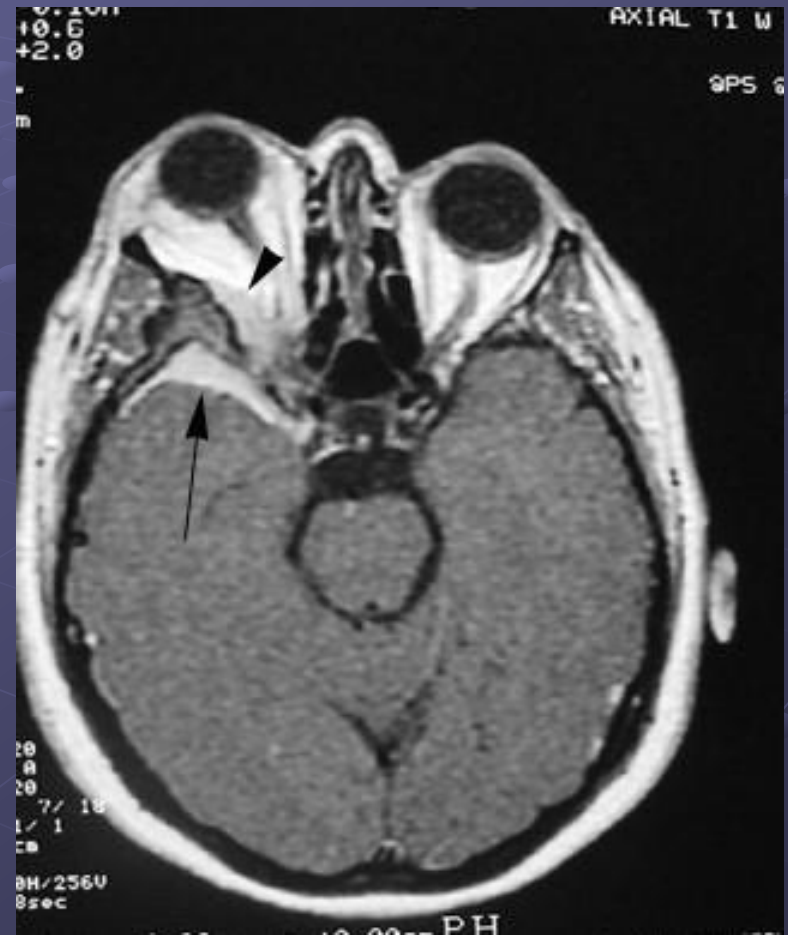
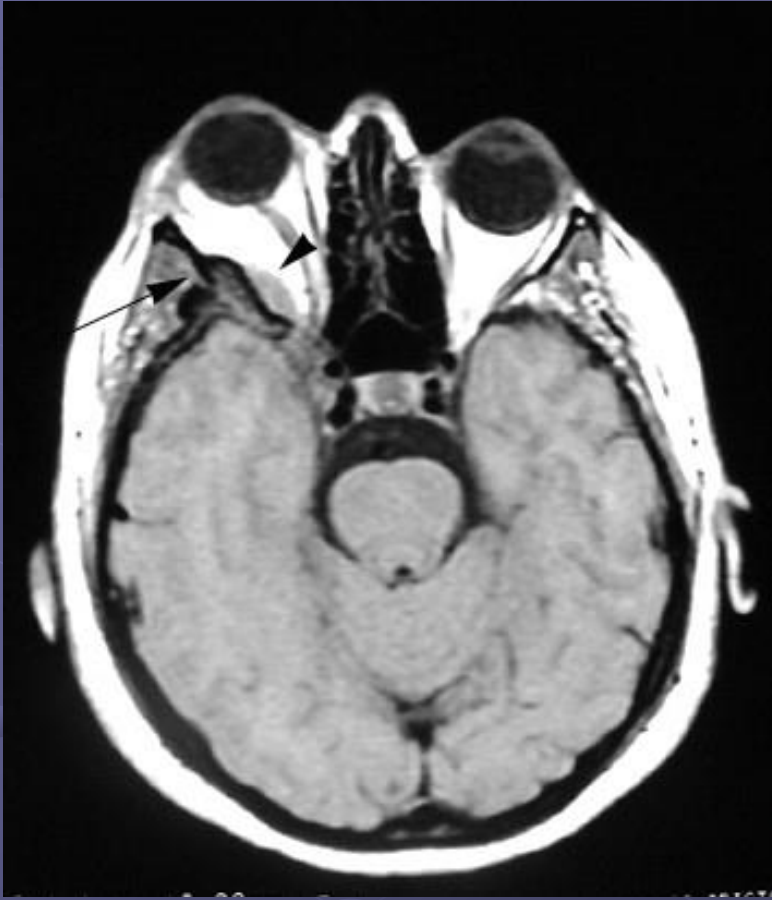


Lipomatous meningioma



Relatively rare benign tumours that are characterised either by an admixture of mature adipocytes and meningioma

Sphenoid wing meningioma en plaque



hyperostotic bone (arrow) as well as an isointense soft tissue mass along the lateral wall of the orbit

Olfactory groove meningioma

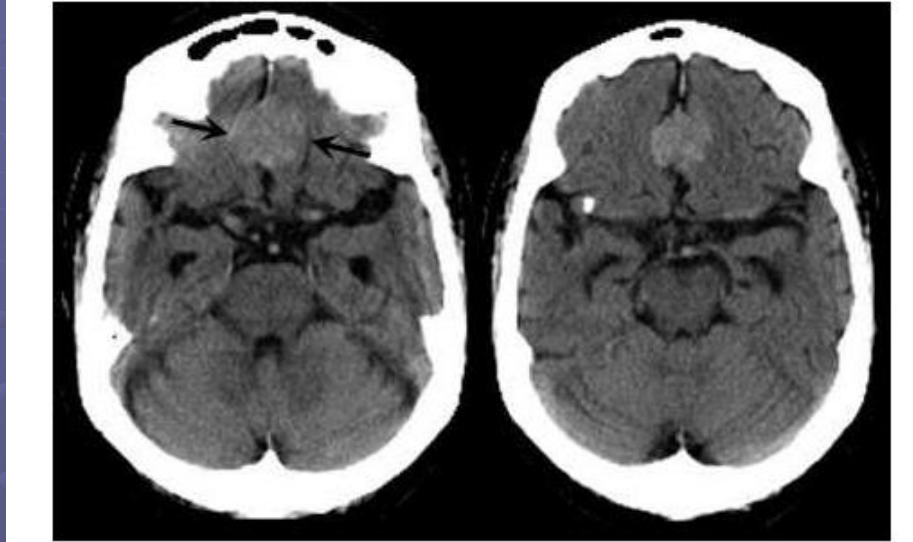
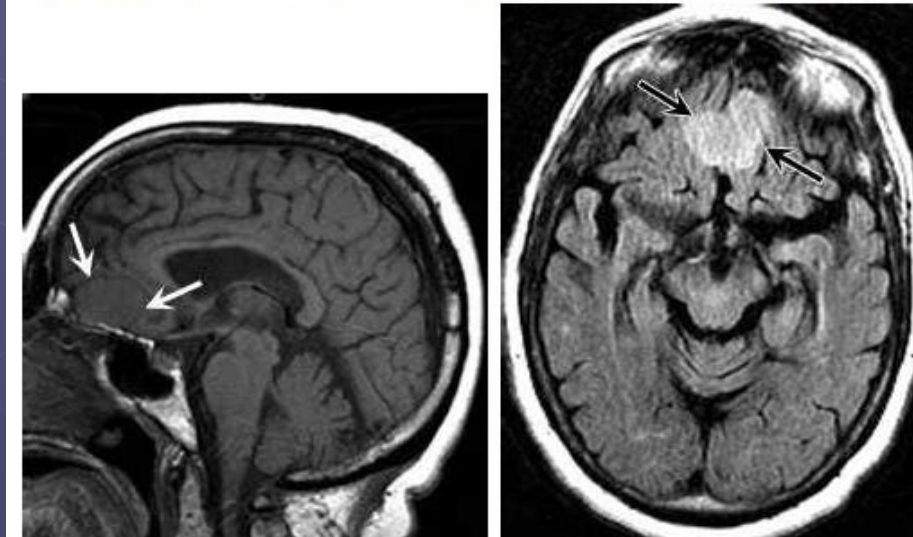
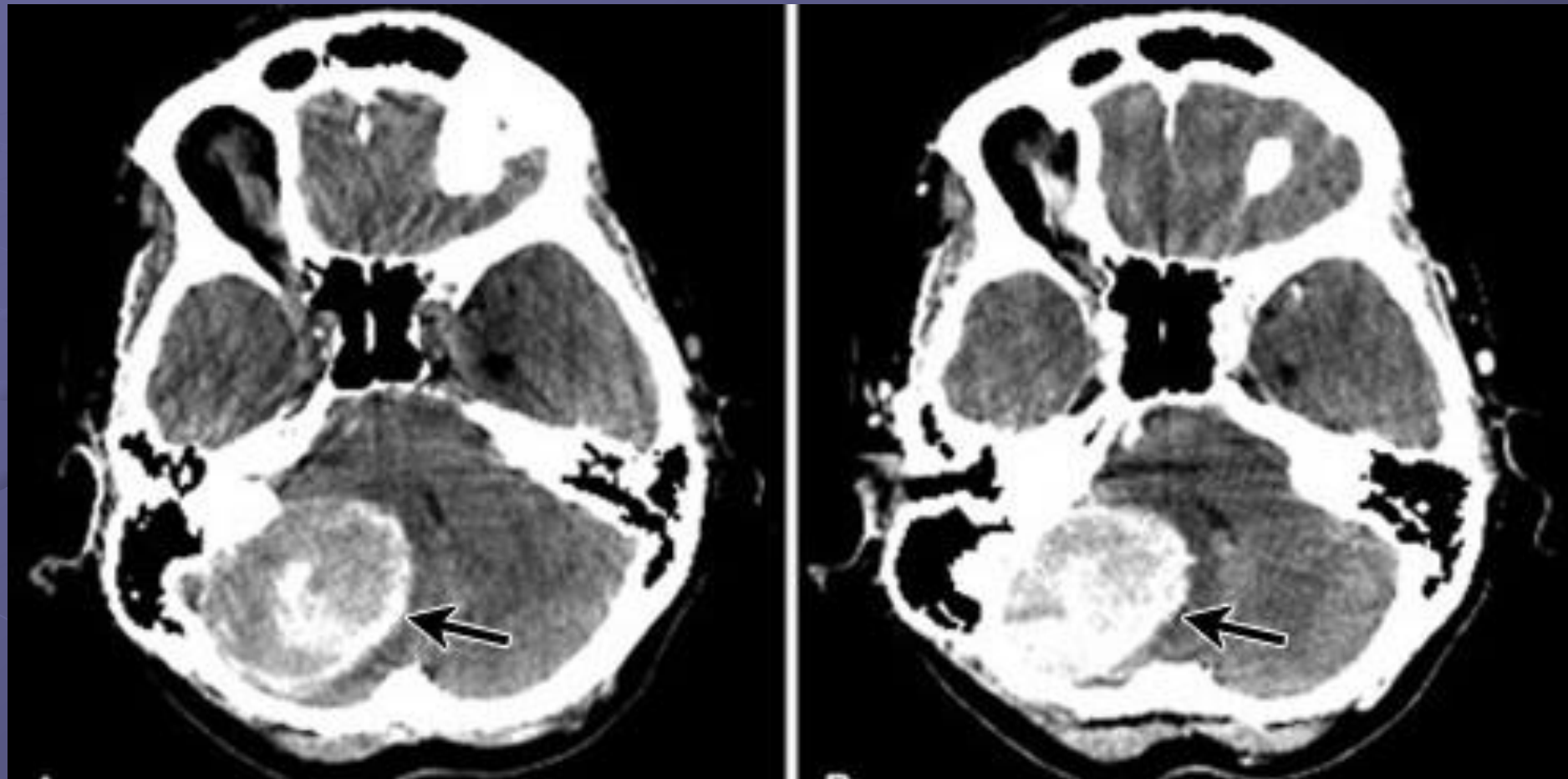


Figure 1: Non-enhanced head CT scan showing a midsubfrontal extraaxial mass.



CT Post Contrast



T2 MRI



T1 MRI post
gado



NF II with meningiomas and bilateral vestibular schwannomas.

