



Images

Progressive facial numbness in a patient with multiple enhancing dural based tumours: Question

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ABSTRACT

Sarcoidosis is uncommon multiple organ granulomatous disease of unknown etiology. Neurosarcoidosis occurs in about 5% of cases and most frequently follows systemic disease. We present a case of 52 -years -old woman with a progressive hemifacial paresthesia and multiple enhancing dural based lesions. Resection of the right frontal mass allowed for the diagnosis to be made. The patient had no other features of sarcoidosis. Therefore, the diagnosis of neurosarcoidosis, especially when unaccompanied by systemic features can be challenging but should be considered in the differential diagnosis of multiple enhancing dural based tumours.

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1. Clinical Background

A 52-years- old woman presented to the neurosurgery outpatient clinic with progressive left hemi-facial paresthesia. Her medical history included diabetes mellitus, hypertension, and obesity. Her complaint started as a left sided infraorbital “strip like” numbness and then gradually over the course of a year spread to her entire left facial region affecting all the three facial dermatomes. Additionally, she noted moderate to severe generalized headache that improved with non -narcotic analgesic medication. General examination was normal except slightly elevated blood pressure (145/80). The only finding on neurological examination was left-sided facial paresthesia involving all divisions of the trigeminal nerve.

Magnetic resonance imaging (MRI) revealed two enhancing lesions: one right frontal convexity-parasagittal dural based lesion and a left cavernous sinus lesion. The lesions were hyperintense to brain on T1-weighted images and hypointense on T2-weighted images (Fig. 1). There was intense homogeneous contrast enhancement with a broad dural base and adjacent dural tail. Chest x-ray

appeared normal. Except for prolonged PTT, laboratory values were within normal range including ESR and CRP. Further evaluation of the PTT elongation, uncovered the presence of a lupus anticoagulant (LAC). Tumor markers were all negative. Lumbar puncture was performed. Cerebrospinal fluid had normal proteins, decrease glucose levels, no cells and positive oligoclonal bands. Total body computed tomography (CT) revealed no other pathological finding indicating malignancy or other process.

The most likely diagnosis:

1. Meningioma
2. CNS lymphoma
3. Metastasis
4. Granulomatous disease (Neurosarcoidosis)

Answer on page 444.

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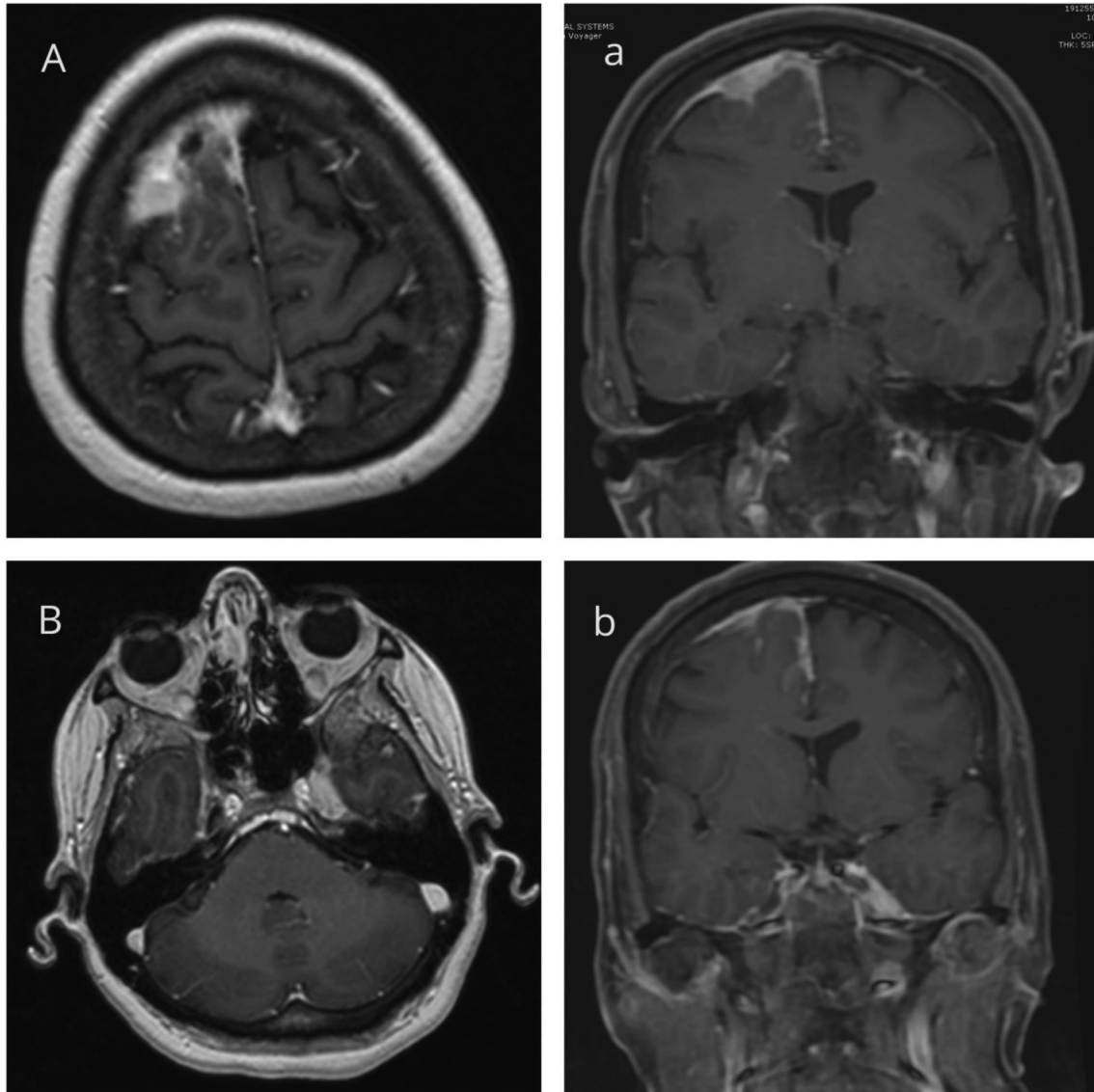


Fig. 1. Pre-op MRI of the patient in different planes and sections-coronal and axial T1-weighted film with gadolinium showing the convexity lesion (A, a), coronal and axial T1-weighted film with gadolinium showing the cavernous lesion (B, b).