Abstract

Rhabdoid Meningioma: Case Report and Review of Literature.

Ambar B. Caban Ureña1, Raisa Balbuena Merle1, Juan L. Pérez Berenger1, Roman Velez Rosario1, Juan Vigo Prieto1

1. UPR Recinto Universitario de Mayagüez, 2. Department of Pathology, Medical Science Campus, UPR, Department of Neurosurgery, Medical Science Campus, UPR.

Rhabdoid meningioma (RM) is an uncommon and aggressive tumor classified in 2000 as grade I by the World Health Organization. Most rhabdoid meningiomas are found in adults, males, and females. It appears in 15-20% of primary brain tumors, and occurs more often in younger females. It is characterized by the presence of neoplastic cells with a rhabdoid appearance. These cells are positive for vimentin and epithelial markers, and negative for GFAP. RM has a more aggressive behavior and a poorer outcome than typical meningiomas. It is more common in the maxillary sinus, but also can occur in the olfactory groove and dura. The neoplasia most often presents as a solitary mass. The symptoms that our patient presented were headaches, nausea, dizziness, and vision problems. The patient was a 67-year-old male with a history of hypertension, diabetes mellitus, hyperlipidemia, and cholesterol. The brain MRI with contrast revealed a left parieto-occipital extra-axial mass with a heterogeneous enhancement, and anterior displacement of the left frontal cortex. The patient underwent a craniotomy and total tumor resection was performed without complications. The histologic examination revealed a RM confirmed by immunohistochemistry. There are only few cases reported with RM in the literature. The female predominance in meningiomas might be because of sex hormones and progesterone. In particular, this case, the patient is male, and presented in the adult age range, in which this neoplasm is more frequently seen.

Discussion

Rhabdoid meningioma is an uncommon variant (≤2%) among meningiomas. The mean age of presentation of RM is 6.6 ± 5.3 years and is predominantly seen in women.7,12 The male predominance in meningiomas might be because of sex hormones and progesterone.15 In this particular case, the patient is male, and presented in the adult age range, in which this neoplasm is more frequently seen.

Meningiomas in general do not cause noticeable symptoms until they are quite large. Some meningiomas may remain asymptomatic for a patient’s lifetime or can be detected unexpectedly in this case where the patient had a stroke and was found to have a rhabdoid meningioma. The symptoms that our patient presented were headaches, nausea, dizziness, and vision problems. RM also can metastasize, and few cases have been reported with intracranial location.13,15

Conclusion

1. Rhabdoid Meningioma is a rare meningothelial neoplasm with poor prognosis and a high index of recurrence.

2. Rhabdoid meningioma is more likely to be found in female patients, within the age range of 40-60 years.

3. It is important to recognize the morphology of RM because it has a worse prognosis compared with other types of meningiomas, and can be confused with other types of tumors.

References