

Angiomatous Meningioma

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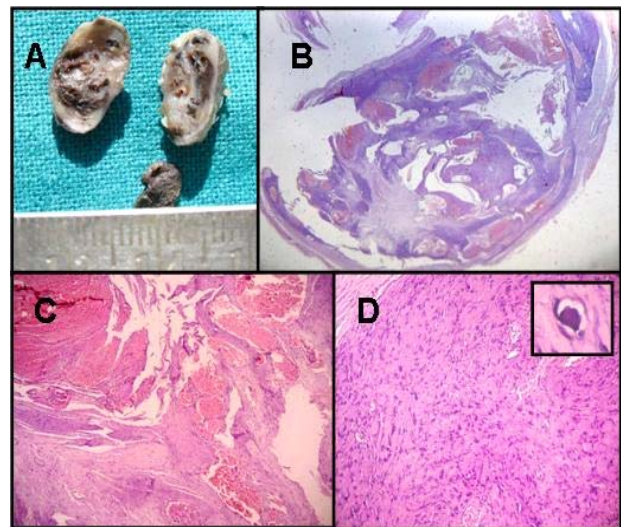


Figure 1. . A – Gross photograph . B – Microscopy , whole mount view H & E , C - Microscopy , Many dilated and congested blood vessels seen with meningothelial cells in between . H & E stain (10X) . D – Microscopy , Whorling pattern of meningothelial cells (40X) with psammomatous calcification [inset] H & E stain .

A 45 year male patient was operated elsewhere for extracranial extension of parieto-occipital mass and the tissue was received in our department for histopathological evaluation. No further medical history was available for us to review.

Naked eye examination of the specimen showed a single bit of nodular tissue measuring 2.5 x 1.8 x 1 centimeters in dimension. On cut section, a well circumscribed mass with many bluish colored blood filled spaces of varying sizes was seen. No necrosis was noted (**Fig 1 A**). Under scanner view, microscopy showed ectatic and congested vascular spaces of varying sizes composing more than 50% of the tumor area (**Fig 1 B**). Under low power tumor showed both vascular and meningothelial component (**Fig 1 C**). Under high power, elongated meningothelial cells are seen arranged in whorling pattern in a neurofibrillary and hyalinized background (**Fig 1 D**). The majority of the vessels were large and some showed thickened and hyalinized wall. Focal psammomatous calcification was also noted (**Fig 1 D inset**). No cytological atypia, mitosis or necrosis were seen. We reported it as angiomatous meningioma, a rare subtype of meningioma.¹ detail literature review shows that this is a first case report of angiomatous meningioma from Nepal.

Meningiomas are defined as a generally slow growing benign tumors attached to the duramater composed of neoplastic meningothelial cells.³ The WHO Grade I meningiomas includes the most common types (i.e., fibrous, transitional, meningothelial) and also psammomatous, angiomatous, microcystic, secretory, lymphoplasmacytic rich and metaplastic.³ As angiomatous meningiomas are grouped under Grade I tumors, its diagnosis may have prognostic implication.¹ This entity is diagnosed on the basis of numerous blood vessels

of various sizes exceeding 50% of the total tumor area in a background of typical meningioma.¹ In the first study of a large series, Hasselblatt, et al., studied 38 cases of angiomatous meningioma (2.1%) out of a total of 1809 meningiomas of all types. Histological signs of atypia or anaplasia are not observed in any of the cases which fits with the WHO grade I criteria.² In the above study of 38 cases, commonest location was in the convexities (42%) followed by falx (34%). In our case the lesion was in the temperoparietal region. Hasselblatt et al also subdivided this type into macrovascular (diameter of >50% of all vessels are >30 μm) and microvascular subtype (diameter of >50% of all vessels are <30 μm) which however did not show any clinical implication. According to the criteria, our case matches with macrovascular subtype. Differential diagnosis include vascular malformations, capillary hemangioblastoma and hemangiopericytoma.

References

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