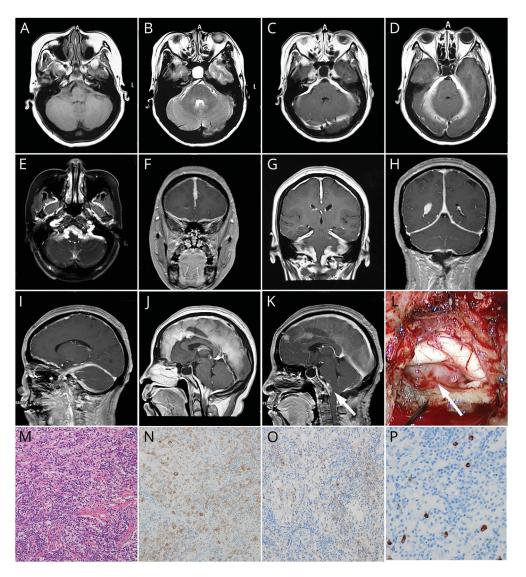
Lymphoplasmacyte-rich meningioma involving the whole intracranial dura mater

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Figure MRI, surgery, tumor, and pathology of the lymphoplasmacyte-rich meningioma



MRI: T1-weighted (A), T2-weighted (B), and gadolinium contrast (C) of bilateral cerebellopontine angle (CPA); bilateral cerebellar tentorium (D); bilateral foramen magnum (E); falx cerebri and bilateral frontal base (F); falx cerebri, bilateral parietal lobe, bilateral cerebellar tentorium, and bilateral CPA (G); falx cerebri, bilateral cerebellar tentorium, and the right trigone area of the lateral ventricle (H); frontal base, cerebellar tentorium, and CPA (I); clival region and foramen magnum (J); postsurgery (white arrow) (K); surgery (white arrow) (L); hematoxylin & eosin (magnification, ×200) (M); immunohistology positive: epithelial membrane antigen (magnification, ×200) (N), CD138 (magnification, ×200) (O), immunoglobulin G4 (magnification, ×400) (P).

A 47-year-old woman presented with a 6-month history of occipital-cervical region pain, numbness of both upper limbs, and progressive bilateral hearing loss. Enhanced MRI revealed a lesion involving the intracranial dura mater and the right trigone area of the lateral ventricle

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(figure, A–J). Surgery to relieve the main symptoms was performed through a posterior midline approach (figure, K and L). Pathology suggested the diagnosis of lymphoplasmacyte-rich meningioma (figure, M–P). Lymphoplasmacyte-rich meningioma is a rare variant of meningioma and is categorized as a WHO grade I tumor and approximately 60 cases have been reported, but involvement of the entire intracranial dura mater is unusual. It is characterized by dense lymphoplasmacytic infiltration and usually treated with surgical resection; however, total resection could not be achieved in our case. The patient received radiotherapy and postsurgery MRI at 3 months but demonstrated no progress.

Author contributions

Xiang Yang: study design, data collection and analysis, drafting the manuscript, revising the manuscript. Jun Le: data collection, drafting the manuscript, revising the manuscript. Xin Hu: acquisition of data, analysis and interpretation of data. Yuekang Zhang: study concept and design. Jiagang Liu: in charge of surgery, clinical care and investigative workup of the patient, study concept and design, and revision of manuscript.

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