

A largely harmless slowly growing pet inside your head

## History of Presenting Illness and Physical Signs

Due to irritation of underlying cortex and mass effect

- HEADACHE
- Seizures

Early morning headache, consistent with rising ICP? AND papilloedema??

- Focal signs suggestive of location:

Could it be-

- Stroke
- Migraine
- Meningitis or abscess
- Sinusitis
- Brain aneurysm?

- Monoparesis of contralateral leg-----
- Apathy, disinhibition, incontinence-----
- Unilateral anosmia-----
- Upper cranial nerve palsies (II, III, IV, V, VI)---
- Contralateral hemianopia-----
- Loss of hearing and facial weakness-----
- Brown-Sequard syndrome (spinal cord hemisection)
- Unilateral visual loss in one eye-----
- Seizures and upper cranial nerve palsies-----
- Sphincter dysfunction and tongue atrophy---

parasagittal

Subfrontal

Olfactory groove

parasagittal

Occipital

Cerebellopontine angle

Spinal canal

Optic Nerve

Sphenoid Wing

Foramen magnum

Any brain tumour can cause these signs and symptoms

**MUST EXCLUDE:**

- MENINGITIS
- BRAIN ABSCESS
- INTRACRANIAL HAEMORRHAGE

MOST of these will be excluded by the imaging

Have they got a temperature?

**Spinal canal meningioma:**

- contralateral decreased pain sensation, ipsilateral weakness, decrease in position sense
- sphincteric weakness
- ultimately, complete quadriparesis

## INVESTIGATIONS:

The key is to exclude the dangerous emergencies- Especially ones which can be quickly repaired

**MUST REMEMBER:**

The most likely nature of an intracranial mass is a METASTASTIC DEPOSIT: so it is wise to look for another cancer outside the brain

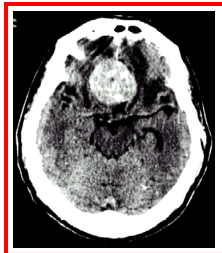
Beware! This may be a NEUROFIBROMATOSIS - which may first present as a solitary benign cerebello-pontine angle mass.

**The BLOODS:** FBC- WCC elevated? With fever, think abscess / meningitis

Is there reason to think about encephalopathy of some sort?

EUC- Could they simply be delirious from dehydration?

**The RAYS:** Chest X-ray- pneumonia increases the likelihood of embolic pneumococcal abscess or meningitis



**Contrast CT of head:** This is "the shit" of brain tumour imaging. Exposes the mystery. You expect an oedema-surrounded hyperdense lesion with calcifications, which enhances well with contrast.

**MRI is also very good:**

- The edema may be more apparent on MRI than on CT scanning.
- An enhancing tail involving the dura may be apparent on MRI.

**MRI angiography** is excellent when you have decided that you need to operate:

These are characteristic MRI features of a meningioma

- Shows the supply from the external circulation
- Mother-in-law blush (which comes early and leaves late)
- Sunburst or radial appearance of the feeding arteries

**Electroencephalogram:** Some value in surface tumours; -slow wave activity (? Due to oedema?)

**Formal Neuropsychological testing :**

May be required to properly identify what the dysfunction is, as vaguely "not feeling myself" is not a useful symptom.

**MANAGEMENT:**

Continue anticonvulsants until 3 months after surgery

1. Control the symptoms (eg. metaclopramide, anticonvulsants, physio)
2. **Cut the bastard out.** May also IRRADIATE, as there is a 20% recurrence rate.
3. Occupational therapy, speech pathology, swallowing assessment, etc etc... like stroke