



Research Article

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A Case of Meningioma Presenting with Psychiatric Symptoms

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Introduction

Meningioma is a tumor that develops from the meninges, the membranes that cover the brain and spinal cord. It is a common type of primary brain tumor. Meningioma often grows slowly and remains asymptomatic. It is often referred to as “incidentaloma” since it is detected incidentally. On rare occasions, it could manifest with psychiatric symptoms.

Methodology

Mrs. XX, a 42-year-old female patient was admitted in a Psychiatric clinic complained of mild headaches and dizziness for the previous year. She has recently experienced anxiety, sleep disturbance, palpitation, occasionally mood swings and forgetfulness along with headache.

In addition to these symptoms, the patient has been noticing a small lump over her vault for the last few months. The lump is gradually growing larger. Her family is very concerned about her mood swings and the recently discovered slow-growing head lump.

Her mental state examination (MSE) was performed, and the lump in the middle of her vault was carefully examined. It was 3 cm by 3 cm, almost round, fixed, firm, and non-tender.

An X-ray of the skull was advised. It demonstrated the lump invading part of her skull bone.

She was advised to have a CT scan of the brain. Surprisingly a massive ICSOL (Meningioma) was revealed by CT scan which occupied one-third of her brain.

An anxiolytic was advised, and she was urgently referred to the Neurosurgery Department of Sylhet MAG Osmani Medical College.

Discussion

A meningioma is a tumor that arises from the meninges. Meninges are the membranes that surround the brain and spinal cord. It is the most common type of primary tumor of the brain and central nervous system (CNS). Meningiomas occur more commonly

in women and are often detected at later ages. It may occur at any age [1]. Most of the meningiomas grow very slowly, often over many years without causing symptoms [2,3]. But in some instances, their effects on adjacent brain tissue, nerves, vessels may cause serious disability [4]. In some instances, neighboring bone involvement with apparent hyperostosis may result in a local mass effect [5].

Meningiomas might present with mood symptoms, psychosis, memory disturbances, personality changes, anxiety, or anorexia nervosa. The diagnosis of meningioma could be delayed where only psychiatric symptoms are seen [6]. Frontal meningiomas can present with altered behavior, emotions, and personality traits, which can cause them to be mistaken for dementia or depressive illness [7]. Meningioma is often diagnosed incidentally hence it is referred as “incidentaloma”. According to one meta-analysis, almost 3% of healthy, asymptomatic people who underwent MRI brain scans showed incidental abnormalities [8]. In the upcoming years, the difficulties of treating “incidentalomas” such meningiomas will be crucial [9].

Meningiomas frequently occur in the convexity (lateral hemisphere), which is found in 20%-34% of cases [10]. The growth rate of a meningioma is typically slow with an average 1-2 mm per year [11].

The World Health Organization (WHO) classifies meningiomas into 3 groups based on histologic grading [12]. The approximate distribution of meningiomas by WHO classification are Grade I- benign 80-90%, grade II - atypical or borderline malignancy 5-15%, and grade III - anaplastic or malignant meningioma, 1-3%. The recurrence rates following surgery are 7-20%, 30-40% and 50-80%, respectively [13].

Treatment for meningioma includes surgery, radiation therapy, and stereotactic radiosurgery. Adjuvant radiotherapy considered for aggressive or higher grade meningiomas [14-17]. Clinical prognosis depends on tumor grade, size, site, involvement of nearby brain tissue and patient particular [18-20].



Conclusion

Meningioma is the most common type of central nervous system tumor. It is a slow-growing tumor that often remains asymptomatic for many years. Sometimes it is diagnosed incidentally. As a result, it's known as Incidentaloma. In the coming years, the challenges of dealing with "incidentalomas" like meningiomas will be extremely important.

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