

SACRAL MENINGIOMA: A RARE ENTITY

***Dr. Rajesh Kumar, Dr. Medha Kaith, Dr. Raman Deep, Dr. Ajay Alhuwalia and Dr. Shikha Sood**

Department of Radio-Diagnosis IGMC Shimla.

***Corresponding Author: Dr. Rajesh Kumar**
Department of Radio-Diagnosis IGMC Shimla.

Article Received on 28/12/2021

Article Revised on 18/01/2022

Article Accepted on 08/02/2022

• INTRODUCTION

Meningiomas are the second most common primary intraspinal tumors. Account for 25% of all intraspinal neoplasms. Most commonly occur in the thoracic region. Meningiomas involving the sacral region are extremely rare, with only a handful of cases reported in the literature.

CASE REPORT

- 35 Y old female presented with pain in lower back and left lower limb since 2-3 years. No history of

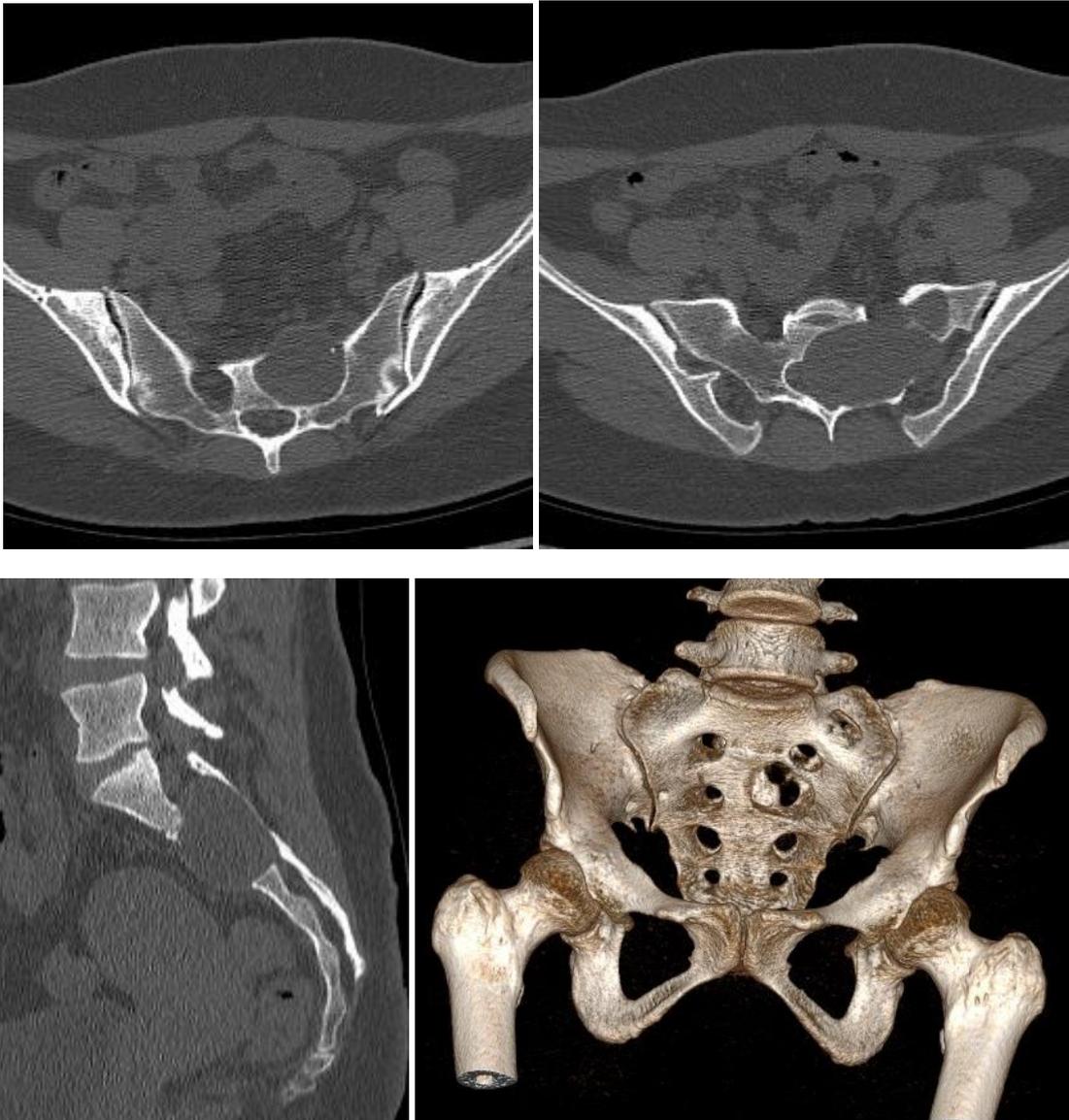
pain in right lower limb. MRI LS Spine was requested to look for evidence of nerve root compression.

IMAGING FINDINGS

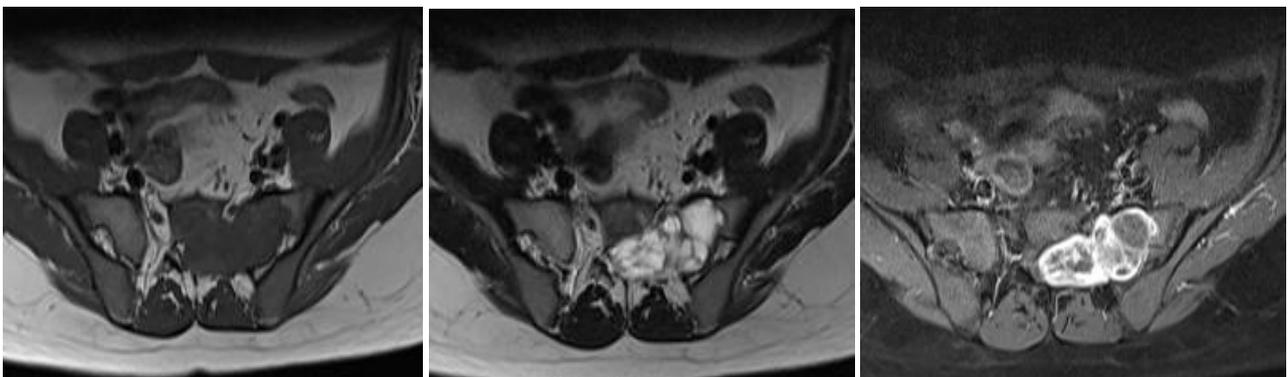
X – Ray LS Spine AP view shows apparent widening of the sacral foramen on the left side



CT CHEST FINDING



- An ill defined iso dense mass lesion is seen arising from the sacral canal with a speck of calcification within it.
- Extending into the second sacral foramen and sacral ala on the left side.
- Causing scalloping of the bony margins.
- Also extending into the left SI joint and the presacral space on the left side.



On MR Images

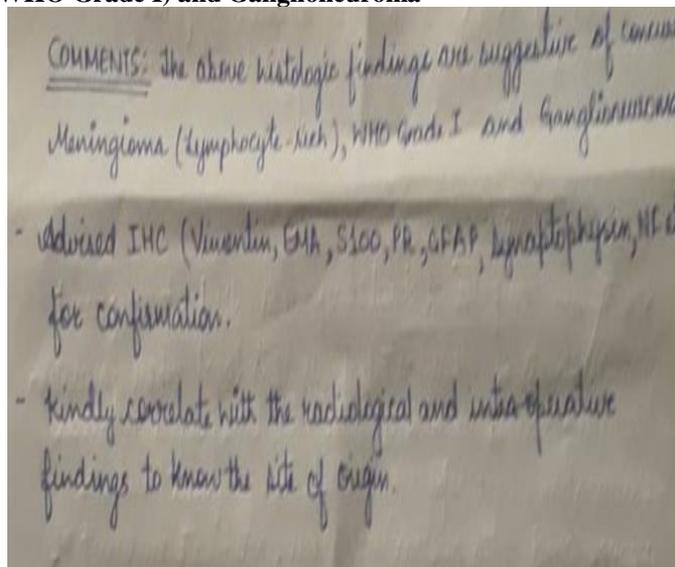
- Isointense on T1
- Heterogenously hyperintense on T2
- Heterogenous post contrast enhancement

- Giant Cell Tumor
- Plasmacytoma

Histopathological findings on Excision Biopsy

Differential diagnosis based on radiological findings

- Low grade chondrosarcoma

Concurrent Meningioma(WHO Grade I) and Ganglioneuroma**DISCUSSION**

- Meningiomas at the level of sacrum are exceedingly rare with only a limited number of case reports published till date. Majority of patients present with sacral sensory disturbances, low back pain & sciatica. Plain X-Ray may show no obvious abnormality in the early stages. CT is ideal to delineate the size and extent of the tumor, presence of bony erosions and involvement of their SI joint or presacral space. MRI may aid in defining the pathological anatomy in relation to neural structures.

CONCLUSION

- Sacral meningiomas are extremely rare tumors accounting for only ~ 5% of spinal meningiomas. Can be mistaken for skeletal lesions arising from the sacrum on radiological imaging. High index of suspicion and prudent evaluation of the images will aid in early diagnosis.

REFERENCES

1. Teo M, Zrinzo L, King A, Aspoas AR, David KM. Giant extradural sacral meningioma. *Acta Neurochir (Wien)*, 2010 Mar 1; 152(3): 485–8.
2. Rutherford SA, Linton KM, Durnian JM, Cowie RA. Epidural meningioma of the sacral canal. Case report. *J Neurosurg Spine*, 2006 Jan; 4(1): 71–4.