

A Rare Cause of Refractory Headache: Falcotentorial Meningioma

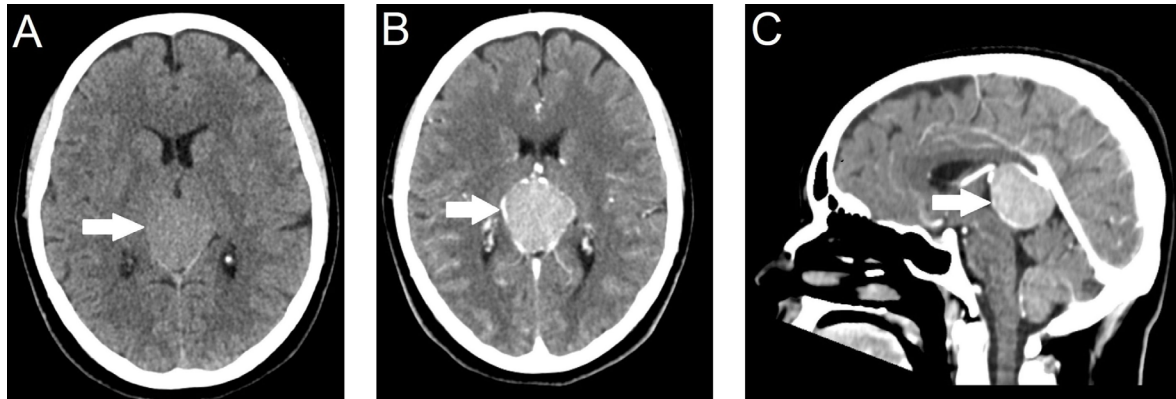
*Una Causa Rara de Cefalea Refractaria: Meningioma Falcotentorial*Matheus Dal Bosco Macari,¹ Mauricio Muniz Franco,² Marcelo de Queiroz Pereira da Silva,² Márcio Luís Duarte³

Figure 1. Cranial CT: axial non-contrast image (A) and axial (B) and sagittal (C) contrast-enhanced images demonstrating a solid lesion with homogeneous enhancement at the falcotentorial junction, projecting toward the pineal region and displacing the vein of Galen, compatible with falcotentorial meningioma.

A 40-year-old woman presented with a 20-day history of severe holocranial headache, progressively worsening with physical effort and associated with nausea, vomiting, photophobia, and phonophobia. She reported multiple emergency department visits, where she received analgesic treatment without symptom relief. Past and family history were unremarkable. On admission, physical and neurological examinations were normal. Cranial computed tomography revealed a mass at the falcotentorial junction, compatible with a falcotentorial meningioma (FM) (Figure 1). The patient was referred for surgical excision.

Falcotentorial meningiomas are rare tumors, accounting for 1–2% of all meningiomas. They arise at the

junction of the falx cerebri and tentorium cerebelli, adjacent to deep venous structures.^{1,2} FMs show a female predominance and usually present in older patients.¹ Clinical manifestations vary according to tumor size and direction of growth and are mainly related to mass effect and increased intracranial pressure.² Common symptoms include severe headache, nausea, vomiting, visual disturbances due to papilledema, cognitive impairment, motor deficits, and, when cerebellar structures are involved, gait and coordination disturbances.^{1,3} In some cases, FMs are incidentally detected on neuroimaging studies.¹ Due to their deep location and proximity to critical neurovascular anatomy, surgical management is challenging and requires careful preoperative planning.³

¹Department of Neurology, Centro Universitário Maurício de Nassau, Cacoal (RO), Brazil.

²Department of Radiology, WEBIMAGEM Telerradiologia, São Paulo (SP), Brazil.

³Department of Radiology, Universidade de Ribeirão Preto – Campus Guarujá, Guarujá (SP), Brazil. Diagnósticos da América S.A., São Paulo (SP), Brazil. Instituto de Ensino e Pesquisa DASA (IEPD), São Paulo (SP), Brazil.

Correspondence:

Dr. Márcio Luís Duarte

Musculoskeletal Radiologist

Universidade de Ribeirão Preto – Campus Guarujá. Av. D. Pedro I, 3.300, Enseada, Guarujá-SP, Brazil, ZIP CODE: 11440-003.

Cell phone: 0xx13 981112799

E-mail: marcioluisduarte@gmail.com

ORCID: <https://orcid.org/0000-0002-7874-9332>

References

1. Ashirov NN, Mammadinova IZ, Moldabekov AY, Berdibayeva DT, Teltayev DK, Ryskeldiyev NA, et al. Combined supracerebellar infratentorial and right occipital interhemispheric approach to falcotentorial junction meningioma: A case report. *Surg Neurol Int.* 2023 Jan 27;14:26. https://doi.org/10.25259/SNI_1027_2022.
2. Ferrufino-Mejia R, Rodríguez-Rubio HA, López-Rodríguez R, Espinoza-Montaña CT, Puentes-Rosero S, Sanchez-Toache K, et al. Surgical Treatment of Falcotentorial Meningioma: An Illustrative Case Report and Literature Review. *Cureus.* 2024 Mar 5;16(3):e55581. <https://doi.org/10.7759/cureus.55581>.
3. Ding Y, Sun L, Hu Y, Zhai W, Zhang L, Yu Z, et al. Combined Microscopic and Endoscopic Surgery for Pineal Region Meningiomas Using the Occipital-Parietal Transtentorial Approach. *Front Oncol.* 2022 Feb 4;12:828361. <https://doi.org/10.3389/fonc.2022.828361>.

Keywords: *Tomography, X-Ray Computed, Meningioma, Falcotentorial junction, Intracranial tumor*

Palabras clave: *Meningioma, Unión falcotentorial, Tomografía computarizada, Tumor intracraneal*

Conflicts of interest: *None declared.*

Funding: *None.*

Declaration: *The patient data were handled according to institutional ethical standards and the Declaration of Helsinki.*