A patient that had a missed convexity meningioma

CASE PRESENTATION

An 83-year-old lady presented with a short history of paroxysmal attacks of coarse jerking movements of the left arm, without any associated disturbance of consciousness, or other symptoms. The attacks lasted for a few minutes each time, and occurred two or three times per week. On direct questioning, she felt that the attacks often occurred as she stood up. She had a history of chronic stable angina and hypertension, and was taking aspirin, a beta blocker, an angiotensin converting enzyme inhibitor, and a nitrate preparation. She was otherwise in good health, and lived independently. The clinical examination was normal, although there was a significant postural drop of 40 mmHg in her systolic blood pressure on standing up, but not accompanied by any symptoms.

It was felt that the differential diagnosis lay between focal epileptic seizures and carotid territory 'shaking limb' transient ischaemic attacks (TIAs), associated with low flow in the right carotid artery. A number of investigations were ordered, which

were all reported as normal, including a CT brain scan reviewed by a consultant neuroradiologist (Fig. 1); her carotid ultrasound indicated a stenosis of 40% in the right internal carotid artery. At follow up, it was felt that, in the absence of a structural lesion, the most likely diagnosis was indeed 'shaking limb' TIAs, but that carotid endarterectomy was not warranted. It was recommended that her antihypertensive medication be reduced, to continue with aspirin, and she was discharged.

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Three years later, she was referred to another hospital. Her symptoms had persisted, and indeed had become more frequent (occurring daily for the preceding few months), and now involved the left leg. This new referral was prompted by a visit to the local Emergency Department following a fall in the street precipitated by an attack. Her medication was unchanged from her previous attendance. Clinical examination revealed a very mild left hemiparesis.

It was felt on this occasion that her attacks were too frequent and had been occurring for too long to be compatible with TIAs, and that they were in fact probably simple partial motor seizures. A repeat CT scan was requested; this was reported as abnormal (Fig. 2), and a subsequent MR scan confirmed the presence of a presumed right hemisphere convexity meningioma 'en plaque' (Fig. 3). She was started on carbamazepine, and the attacks stopped; she remains under review, but at present no surgery is planned. Retrospective review of the first CT suggests that it was not quite normal, with the loss of sulci over the right hemisphere suggestive of a convexity lesion.

REFERENCES

Baquis GD, Pessin MS & Scott RM (1985) Limb shaking – a carotid TIA. *Stroke*, **16**, 444–8.

Figure 1 Initial CT brain scan with contrast (highest cut available), reported as normal. In retrospect, there is loss of the cortical sulci over the right hemisphere, suggesting an underlying lesion.

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LESSONS LEARNED (OR REMINDED OF)

- Common things are common; despite the suggestive history of posturally induced attacks in a patient at risk of TIAs, and with a moderate stenosis of the correct artery, TIAs usually manifest as negative symptoms (i.e. weakness or numbness), rather than positive (in this case, coarse jerking). Although reported, 'shaking limb' TIAs are rare (Baquis *et al.* 1985), and should only be diagnosed after the absolute exclusion of the rather more common explanation for this scenario, simple partial epilepsy.
- It is vital that the brain is adequately imaged. In this situation, a high convexity structural lesion was clearly a possible explanation, and thus it was essential to ensure that the scan cuts went as high as possible. Unfortunately this was not the case.
- Family doctors should have a low threshold for referring patients back to specialists if their symptoms do not seem to follow the accepted course of events. TIAs might be expected to either stop, or to be superseded by a stroke or other serious vascular complication, but not to persist unchanged over several months or years. Because this patient had initially seen a senior neurologist with an international reputation in stroke medicine, the GP may have felt uneasy about re-referral. Yet specialist neurologists, like all other humans, make mistakes. And so do radiologists.

Figure 2 CT scan with contrast three years later (highest cut), indicating probable convexity meningioma.

Figure 3 T1 weighted coronal MR scan with contrast confirming the presence of probable 'en plaque' meningioma, with secondary distortion of the right cerebral hemisphere.