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ANOSMIA AS THE INITIAL PRESENTATION OF OLFACTORY MENINGIOMA—CASE REPORT

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Introduction

Anosmia is commonly caused by paranasal sinus disease, upper respiratory tract infection, trauma or chemical irritation. And intracranial tumors may also cause anosmia, however when the patient only presents anosmia without other neurological symptoms, intracranial lesions may be ignored.

Case report

We demonstrate a 65 years old man complaining of anosmia for two years. Patient deny stuffy nose, purulent nasal discharge, nasal fetid odor , facial pain and other sinusitis related symptoms. Moreover, the patient had no history of head injury, and his working environment is non-chemical irritated. Patients had taken medication at the clinic for weeks, but anosmia was not improved , then was referred to us . Transnasal fiberscopy demonstrates negative finding. Brain MRI is arranged that revealed a mass with dural tail in the frontal lobe, an olfactory meningioma is suspected (Figure 1,2,3). We transferred his patient to neurosurgery department for further treatment.

Discussion

Meningiomas are a group of tumors that arise from arachnoidal cap cells of the meninges. Olfactory groove meningiomas arise from cribriform plate and frontosphenoid suture and comprise approximately 10% of intracranial meningiomas¹ They can occur at any age, but most commonly in middle age. Because of their slow

growth , these tumors are often well tolerated by the patient for long periods and are often large at presentation. The most common reason for seeking medical attention is failing vision². Olfactory groove meningiomas usually require surgical treatment at time of diagnosis

Conclusion

Olfactory groove meningiomas is slow growing, achieving very large size before they are discovered, because they are located in a relatively silent brain area. In patients of anosmia with etiology unknown, image study should be arranged to exclude such disease.

1. Black P.M. - Meningiomas. *Neurosurgery*, 1993;32:643-657
2. Bakay L. Olfactory meningiomas, the missed diagnosis. *JAMA* 1984;251:53-55

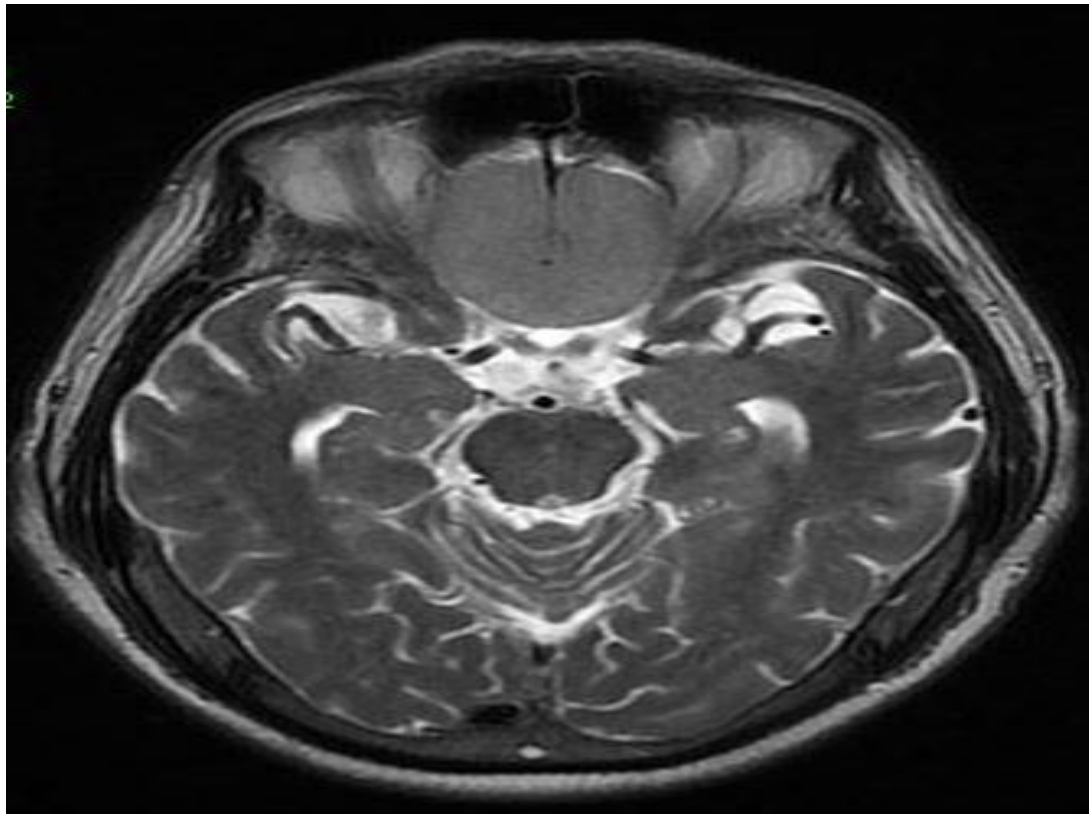


Figure 1. T2WI Axial view. Tumor causes mass effect on the medial aspect of both orbits, with extension posteriorly to involve the optic canals.

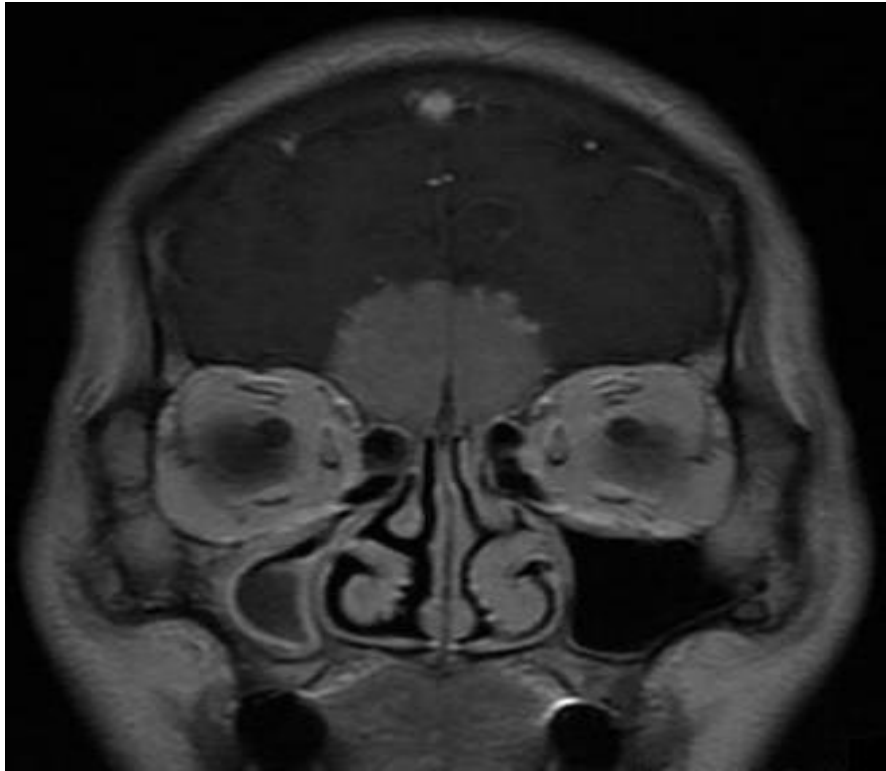


Figure 2. T1WI Coronal view. Mass lesion over central frontal skull base



Figure 3. Sagittal view with contrasted. Well enhanced mass with dural tail