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Letter to the Editor

A rare intracranial tumor consisting of malignant anaplastic and papillary meningioma subtypes

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Sir,

I read with great interest the paper by Kochanski *et al*.[2] describing a case of a rare intracranial tumor consisting of malignant anaplastic and papillary meningioma subtypes. As mentioned, multiple intracranial meningiomas and meningiomas showing collision with other intracranial tumors such as astrocytoma and metastatic tumors are well known pathologies. Indeed, coincidence of meningiomas with different radiological findings and histological types are very rare entities. We have previously reported a coincidence of two intracranial meningiomas—a myxomatous metaplastic meningioma (myxoid meningioma) grade 1 (WHO-93) and a psammamotous meningioma grade 1 (WHO-93)—in a 65-year-old man.[1] The tumors were located on the greater wing sphenoid bone and at the level of the precentral gyrus in the left temporoparietal region, respectively. The tumor that was diagnosed as myxoid meningioma was showing hyperintensity in T2-weighted magnetic resonance imaging sequences; and the other tumor was showing hypointensity in all pulse sequences.

Multiple meningiomas with the same histopathological diagnoses with multicentric localizations may be due to spreading via cerebrospinal fluid or venous structures; however, the origin of the multiple tumors of different histological type should have independent pathogenesis. In the presence of lesions with different imaging features and/or different operative findings suggestive of separate histological diagnosis, the removal of all components and examination of the whole surgical specimens have more importance.

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Conflicts of interest

There are no conflicts of interest.

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