Rhabdoid Meningioma: Case Report of a Rare Pathological Entity

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DOI: 10.36348/sjm.2022.v07i04.009 | Received: 13.03.2022 | Accepted: 25.04.2022 | Published: 30.04.2022

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Abstract

Rhabdoid meningioma is a rare aggressive variant of meningioma. Histopathologically, it is particular and distinctive type having abundant eosinophilic cytoplasm with eccentrically placed nuclei. It has been included in the revised WHO classification of tumours of the CNS as a subtype of meningiomas with high risk of recurrence, more aggressive growth and poor survival, corresponding to WHO grade III.

Keywords: Meningioma, Rhabdoid, Aggressive, WHO Grade III.
It is classified as WHO Grade III, which implies a high rate of recurrence, and aggressive behaviour either by its malignant local growth or by its metastatic dissemination [1, 4].

In general, rhabdoid meningioma occurs on average around age 50 years with a female predominance [1, 3]. The incidence is 0.75 to 1% of all meningiomas. It has no preferential location [1]. The average survival is 48.3 months (this varies according to the quality of removal) [1, 5]. It can be primitive from the outset or constitute a recurrence of benign meningioma [6].

Histopathologically, the cells are similar to those found in other locations of tumors of rhabdoid appearance: namely, a large eccentric nuclei with a prominent nucleoli and an abundant eosinophilic cytoplasm [1, 6].

In immunohistochemical analysis, rhabdoid meningioma expresses the following antibodies: EMA, progesterone receptors (PR) and vimentin. The Ki67 proliferative index marker is generally high [1, 7].

The treatment is not codified. However, surgery remains the ideal treatment and external radiation therapy is considered in case of recurrence of the lesion and/or in case of incomplete removal. Proton therapy seems to be a promising alternative. Chemotherapy and radiosurgery have not proven their effect on this tumor [1, 5, 8].

CONCLUSION

Rhabdoid meningioma – histologically diagnosed - is a recently described and very rare variant of meningioma. Complete excision along with dural attachment, appropriate histological diagnosis and grading, and adjuvant radiotherapy are imperative for proper management.

Conflicts of interest

The authors do not declare any conflict of interest.
REFERENCES