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MULTIFOCAL FIBROBLASTIC MENINGIOMA IN A CAT

Introduction

Non-lymphoid primary spinal tumors are rarely seen in cats⁽¹⁾. Although intracranial meningioma are the most common primary central nervous system (CNS) tumor in cats, only 4% of all CNS meningioma reportedly occur in the spinal cord^(1,2,3). This report describes the neurologic examination, MRI and histopathological findings of a multifocal meningioma from the thoracic to sacral spine and cranium in a cat.

Case Description

A 6-years-old-neutered male domestic-shorth-hair cat was referred to clinic for progressive hind limbs ataxia for 2 months. The cat was alert and responsive to stimuli, but showed severe ataxia, muscle atrophy and delayed proprioception of both hind limbs at the admission time. Direct radiography, blood analyses and electro physiologic findings were unremarkable. In T2 weighted MR images, multifocal signal changes in spinal cord parenchyma and meninges, also multifocal intradural-extramedullary lesions from thoracic to sacral spine which were irregular contrast enhancement were observed (Fig.1). Prednisolone was medicated with a tapering dose due to presumptive diagnosis of myelopathy.

Results

Prednisolone provided some improvement of the ataxia for the first 3 months. By the time, because of progression of the neurologic symptoms which include the blindness and absent deep pain perception, the cat was euthanized 368th days after the presentation over the request of owner.

At necropsy, thoracic and sacral spinal cord were thickened significantly and less elastic than the other areas (Fig.2). On cross-section of these thickened areas, a well demarcated mass of pale white color was completely surrounding the spinal cord (Fig.3). Furthermore a superficially based nodular mass of 1 cm diameter encountered on the right side of optic truck, having the same color and consistency with the mass in the spinal cord (Fig.4). Fibroblastic meningioma was diagnosed by histopathologic evaluation.

Conclusion

Although spinal meningioma is seen very rarely, it should be considered for differential diagnosis of spinal disease which is seen mult focally in MR images.



Fig.1: MR images of the multifocal fibrotic meningioma, in T2 weighted sections (A, B) multifocal signal changes in spinal cord parenchyma and meninges, and also multifocal intradural-extramedullary lesions (arrows) were present. In post-contrast T1 weighted sections (C, D) irregular contrast enhancement were present.

COMPANION ANIMAL

CLINICAL CASES AWARD: GAJENTAAN AWARD



Fig.2: Thickening of thoracic and sacral spinal cord.



Fig.3: A well demarcated mass of pale white color was completely surrounding the spinal cord

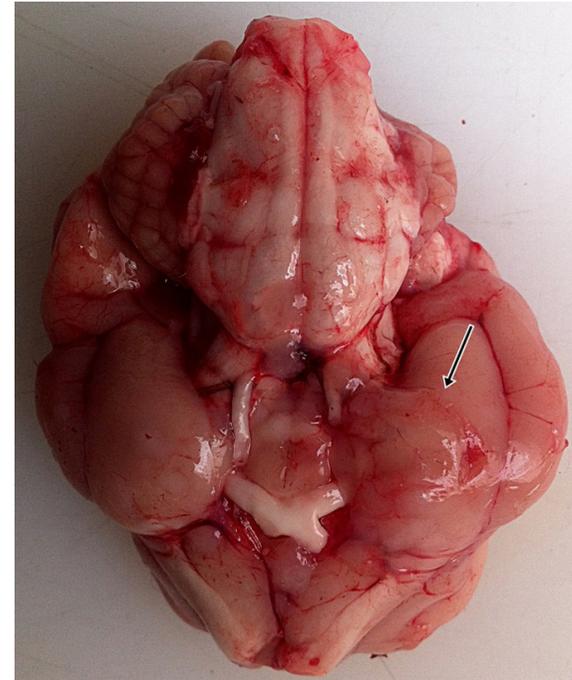


Fig.4: Nodular mass of 1 cm diameter encountered on the basal optic truck (arrow)

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