A Never Forgotten Differential Diagnosis of Monoparesis

Chia Fang Lee[1], Hoi Fong Chan[1,2]

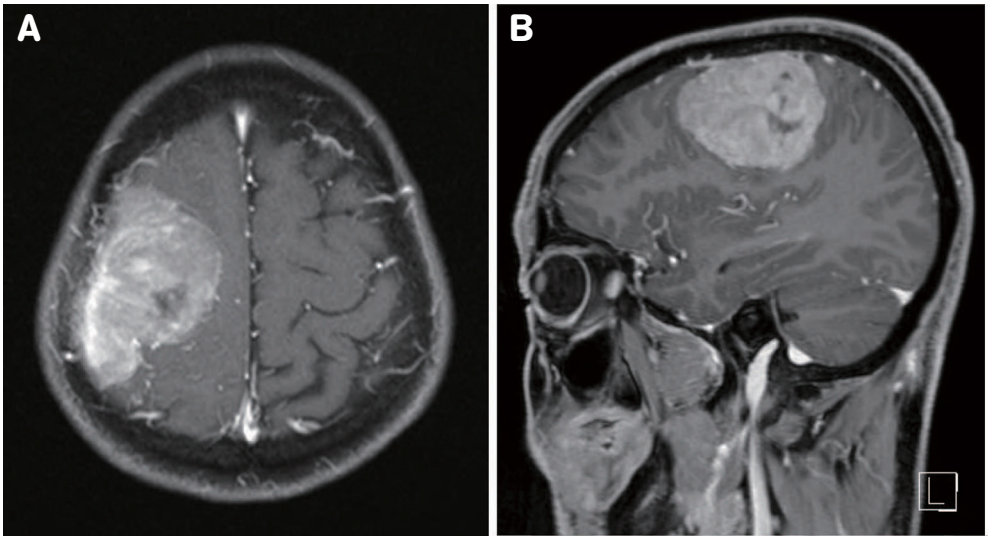

Figure 1. (A) Axial T1-weighted gadolinium-enhanced MRI reveals a 7.3×5.1×4.4 cm lobulated circumscribed mass in right high convexity with moderate inhomogeneous enhancement and wide base attached to dura. (B) The presence of dural tail is demonstrated in sagittal T1-weighted gadolinium-enhanced MRI.

A 58-year-old gentleman presented with gradually progressive left hand weakness for one year. Left leg dragging and dysarthria developed 3months before visiting our neurology clinics. Neurological examination revealed muscle atrophy without fasciculation in the left first dorsal interosseous and triceps brachii muscles. Left spastic hemiparesis with exaggerated jaw jerk and flaccid dysarthria were noted.

MRI (figure) showed a lobulated circumscribed mass in right high convexity with inhomogeneous enhancement and dural tail. Meningioma was diagnosed. Left hemiparesis improved gradually after tumor excision.

Brain tumor is a rare but never forgotten differential diagnosis of monoparesis[1,2,3,4].

Acta Neurol Taiwan 2012;21:190-191

From the [1]Department of Neurology, En Chu Kong Hospital; [2]Department of Anatomy and Cell Biology, National Taiwan Uuniversity.
Received May 25, 2012. Revised June 1, 2012.
Accepted September 27, 2012.

Correspondence to: Hoi Fong Chan, MD. Department of Neurology, En Chu Kong Hospital, New Taipei City 23702, Taiwan.
E-mail: hoifong.chan@gmail.com

REFERENCES

1. Lath R, Rajshekhar V. Unilateral foot drop. Postgrad Med J 1996;72:573-574.
2. Baysefer A, Erdoğan E, Sali A, Sirin S, Seber N. Foot drop following brain tumors: case reports. Minim Invasive Neurosurg 1998;41:97-98.
3. Chen PL, Hsu HY, Wang PY. Isolated Hand Weakness in Cortical Infarctions. Journal of the Formosan Medical Association 2006: 861-865.
4. Lee YS, Wang PY. Foot drop caused by a brain tumor: a case report. Acta Neurol Taiwan 2009;18:130-131.