A Never Forgotten Differential Diagnosis of Monoparesis

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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 3 months 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
REFERENCES


