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Primary meningeal melanoma with cerebrospinal fluid dissemination mimicking neurofibromatosis type 2

Melanoma meníngeo primário com disseminação liquórica mimetizando neurofibromatose tipo 2

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A 38-year-old man admitted with headache, left paresis and bilateral sensorineural hearing loss. Neuroimaging showed a peripheral frontal tumor with hyperintensity on T1WI and bilateral internal auditory canal (IAC) lesions. (Figures 1, 2 and 3). The presence of hyperintensity on T1WI, without fat or hemorrhage should direct for lesions containing melanin[1]. Resection of the frontal tumor diagnosed a primary malignant meningeal melanoma with cerebrospinal fluid dissemination once the patient has no melanocytic lesions outside the CNS. The melanocytic lesions ranges from melanocytoma to melanoma[2,3,4,5]. Malignant melanoma should be included in the differential diagnosis of neoplastic CSF dissemination with bilateral IAC lesions mimicking schwannomas in NF2.

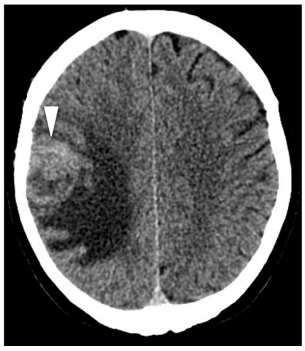

Figure 1. Non-contrast CT showed a right frontal hyperdense tumor (arrowhead).

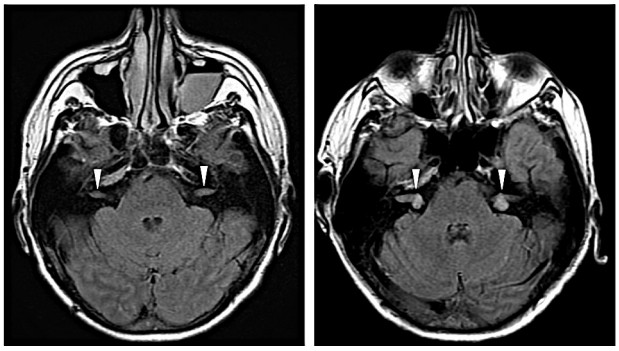

Figure 3. FLAIR showed bilateral IAC lesions (arrowheads) (A), which increased over the following 30 days (arrowheads) (B) mimicking bilateral acoustic schwannoma in neurofibromatosis type 2.

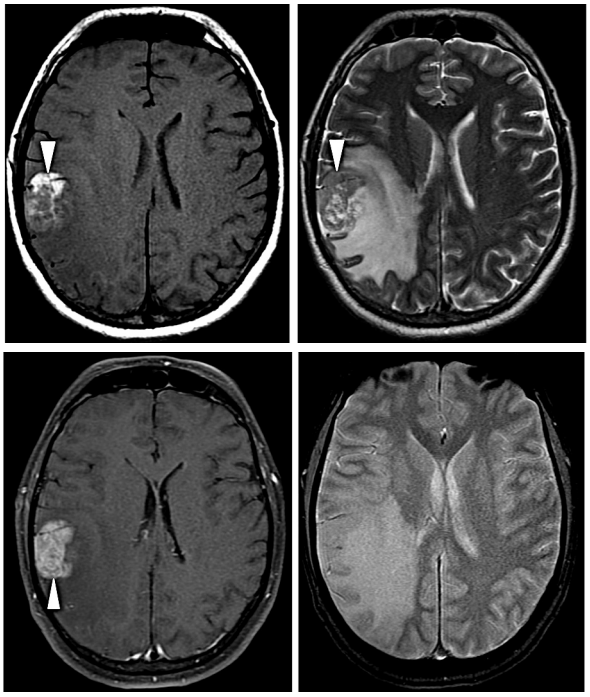

Figure 2. MRI showed a frontal peripheral tumor with signal hyperintensity on T1WI (arrowhead) (A), signal hypointensity on T2WI (arrowhead) (B) and enhancement after contrast administration (arrowhead) (C), without hemorrhage on T2 gradient-echo (D).

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