Letters

Haemorrhage associated with meningioma

SIR,—Helle and Conley have reviewed the subject of haemorrhage associated with meningioma. We wish to report a similar case and comment upon the treatment. The patient, a 52-year-old man, was in good health until three hours before admission when he suddenly complained of severe headache, vomited and lapsed into coma. On arrival at hospital he was comatose with dilated and fixed pupils. Noxious stimulation elicited extensor response on the left but no response on the right. CT scan showed a right frontal parasagittal hyperdense lesion that enhanced after contrast infusion (figure). The diagnosis of intratumoral haemorrhage was made. A two-inch diameter trephine allowed the evacuation of the intratumoral haematoma and the internal decompression of the tumour. Pathological examination of the surgical specimen showed it to be a meningotheliomatous meningioma. The patient regained con-

Figure Emergency CT scan showing the haemorrhagic tumour

sciousness and six days later a craniotomy was performed and the parasagittal tumour was completely removed.

There remains an ipsilateral spastic hemiparesis. In their paper, Helle and Conley state that one stage removal of a bleeding tumour is the treatment of choice. We suggest that when dealing with a patient in such a critical condition as ours, a two stage removal may be performed with equally rewarding results.

Reference

- 1 Helle TL, Conley FK. Haemorrhage associated with meningioma: a case report and review of the literature. *J Neurol Neurosurg Psychiatry* 1980; **43**:725–9.

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