A 53-year-old woman presented with a 5-year history of a sore throat, followed by dysphonia (‘hot potato voice’), dysphagia, slurred speech and finally partial compromise of the airway due to a large oropharyngeal mass. Cranial nerves VIII, IX, X and XII were affected on the left side. Trans-oral biopsy of this mass revealed a meningioma. Computed tomography (CT) and magnetic resonance imaging (MRI) showed a characteristic lobulated meningioma at the apex of the left petrous temporal bone and adjacent skull base. It expanded into the sella turcica, eroded through the skull base into the left carotid space and extended down to the bifurcation of the left common carotid artery. A coronal T1-weighted post-gadolinium MRI (Fig. 1a) shows both the intracranial portion and the extracranial parapharyngeal spread of the tumour. An axial T1-weighted post-gadolinium MRI (Fig. 1b) shows the brightly and homogeneously enhancing meningioma in the left carotid space.

Extracranial extension of meningiomas is very rare and only a few cases have been reported. In almost all of the reported cases, a large intracranial meningioma was simultaneously or previously reported. Extracranial extension is more commonly to the orbits, external table of the calvarium, temporal bone and paranasal sinuses. Less frequently it spreads to the parapharyngeal space via the base of the skull, as in this case.


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