Question 24-1. This question draws attention to the most likely location of a meningioma in a patient presenting with seizures, which is the middle one third of the falx (B). In addition to seizures, falcine meningiomas present with sensory and motor loss that usually begins in the lower extremities. So (B) is the correct answer.

Question 24-2. This question alludes to several locations where an intracranial meningioma may present with parkinsonism-like symptoms. Although parkinsonism is a rare presentation of an intracranial meningioma, frontal (A), parasagittal (B), and sphenoid wing (C) may cause parkinsonism-like symptoms. So (A), (B), and (C) are true. Cerebellopontine angle meningiomas (D), however, present with hearing loss, not parkinsonism-like symptoms. Thus (D) is false and the exception, and (D) is the correct answer.

Question 24-3. This question emphasizes that the type of meningioma responsible for an electric sensation radiating down the back and limbs elicited by head flexion (Lhermitte’s sign) is located in the cervical spine (C) or caudal medulla with compression of the dorsal columns by the tumor. So (C), spinal meningioma, is the correct answer.

Question 24-4. This question speaks to the most common location of an intraventricular meningioma, which is the trigone of the left lateral ventricle (A). Approximately 80% of intraventricular meningiomas arise in the trigones of the lateral ventricles with a preference for the left side. So (A) is the correct answer.

Question 24-5. This question refers to several types of degeneration of meningiomas, which include cystic (A), lipomatous (C), osteoblastic (D), and chondromatoid (E), but not microcystic (B), which is a specific type of meningioma not related to degeneration. So (A), (C), (D), and (E) are true, but (B) is false and the exception; and (B) is the correct answer.

Question 24-6. This question calls attention to a clinical vignette in which a patient presents with unilateral optic nerve atrophy, contralateral papilledema, and ipsilateral anosmia (Foster-Kennedy syndrome). Of the options presented, the most likely meningioma causing these signs is an olfactory groove meningioma (C). The Foster-Kennedy syndrome also can be evident with a sphenoid wing meningioma. So (C) is the correct answer.
Question 24-7. This question concerns the most common location for intracranial meningiomas, which is falcine/parasagittal (A). So (A) is the correct answer.

Question 24-8. This question deals with the location of a meningioma that may cause marked increase in intracranial pressure with resulting abducens nerve paresis, which is a mass in the fourth ventricle (B). So (B) is the correct answer.

Question 24-9. This question addresses the location where intracranial meningiomas usually present as a large mass because of delayed clinical signs and symptoms, which is the anterior skull base (D). So (D) is the correct answer.

Question 24-10. This question represents a review of several important statements about intracranial meningiomas. The majority of intracranial meningiomas involve middle-aged women (A), 65% between the ages of 40 and 50 years. So (A) is true. The en plaque variety may invade the bony calvarium (B). Thus (B) is true. The convexity type commonly occurs along the coronal, not the metopic, suture (C). So (C) is false. The cavernous sinus type can mimic the suprasellar type clinically (D) because of their intimate anatomic relationship. Thus (D) is true. The optic nerve sheath type is associated with neurofibromatosis type 2 (E). So (E) is true. Since (C) is false, (C) is the correct answer.

**Answer Key for Volume 37 # 24:**

1. B
2. D
3. C
4. A
5. B
6. C
7. A
8. B
9. D
10. C