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Compressive Olfactory Meningiomas About a Case at the CMCAB Ophthalmology Unit

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INTRODUCTION

Compressive olfactory meningiomas are benign intracerebral tumors developed from arachnoid meningothelial cells. According to the literature, compressive olfactory

meningiomas represent 13 to 33% of primary intracerebral tumors and approximately 40% of all intracranial lesions.

OBSERVATION

This was a 46-year-old patient, seen for bilateral BAV, chronic headaches lasting 2 years. With personal history: hypertension; right lumbosciatic joint on disc compression. The ophthalmological examination revealed visual acuity without correction: OD CLD 5m and OG 5/10. Anterior segment examination was normal with normal IOP in both eyes. In the posterior segment we found a papillary excavation; bilateral peripapillary atrophy and arterial narrowing.

Additional examinations were carried out:

- OCT revealed bitemporal hemianopia
- CT revealed a large compressive olfactory meningioma

DISCUSSION

In our observation, it was a 46-year-old man, military.

Literature (J.L. SAURTREAUX et all): High frequency in women; 76% of meningiomas occur after the age of 50. The majority of meningiomas are benign. In our study, the BAV was right unilateral.

In his series, Mr. BOUYON does not find any sign at the beginning.

Before making the surgical indication, it is necessary to take into account:

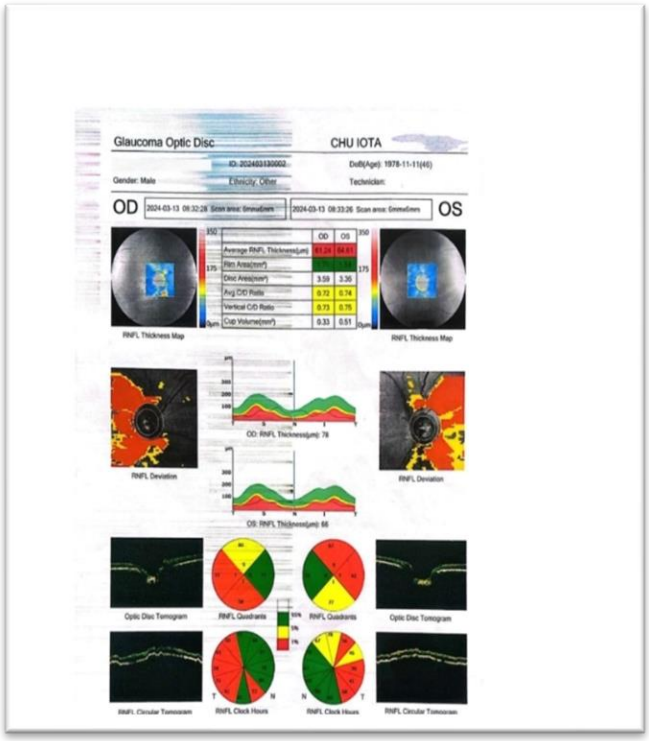
- visual acuity,
- the low scalability of the meningioma.

In our study, postoperatively the patient regained visual acuity without correction OD 4/10 and OG 5/10.

According to DUTTON JJ: 94% of patients who underwent surgery for optic nerve meningiomas had BAV.

CONCLUSION

Compressive olfactory meningiomas cause irreversible blindness if not treated in time. Close collaboration between the ophthalmologist and the neurosurgeon before the intervention.



OCT revealed bitemporal hemianopia.

CT revealed a large compressive olfactory meningioma.