MENINGIOMA OF THE INTERNAL AUDITORY MEATUS IN A CHILD 3 YEARS OLD

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Intracranial meningiomas are very rare in childhood. This fact is well expressed in series like that of Bailey et al. who, among 100 intracranial tumors in children, found only 2 typical meningiomas and one of them in apparent association with von Recklinghausen's disease. Keith et al. reported only 3 among 606 children below the age of 15 years. Cuneo and Rand, in a series of 83 intracranial tumors in childhood, had 2 meningiomas, 1 of them in a 3-month-old baby with a calcified lesion which suggested that the tumor may have existed prior to birth. More recently, Ingraham and Matson reviewed 313 intracranial tumors in children with only 1 meningioma among them. This was a parasagittal frontal tumor in a 7-year-old boy.

In the series of meningiomas of the posterior fossa reported by Cushing and Eisenhardt, Campbell and Whitfield, Petit Dutaillis and Daum, D'Errico, Castellano and Ruggiero, Russell and Bucy, and Markham et al., the youngest patient was a 9-year-old boy and the tumor was attached to the vicinity of the condyloid foramen. In the literature reviewed, the youngest patient with a meningioma of the internal auditory meatus was 15 years old. Therefore, it seems interesting to report this case of a 3-year-old girl with a meningioma in this region.

CASE REPORT

G.A.C., born Sept. 24, 1951, was brought to us for the first time on May 26, 1955, because of marked weakness of the muscles of the left side of the face. This weakness was first noticed by the mother, who is a dentist, in January, 1955, but it probably had existed before that time because, in looking over previous photographs, we observed in a picture taken in February, 1954 some facial asymmetry with facial folds less marked on the left. Undoubtedly, this weakness had slowly increased since January, 1955, and, thus, at the beginning of May, the girl could not close her left eye.

A small angiomatous nevus in the midline of the occipital region and another one in the right hemithorax present since birth were destroyed with carbonic ice when the girl was 3 or 4 months old. Otherwise, the development of this child had been normal.

Examination. There was an almost complete left facial paralysis of peripheral type, and, on rough testing, the impression was gained that the girl could not hear with her left ear.

Otological examination performed by Dr. Jorge de Cárdenas disclosed deafness of left ear and no response to caloric stimulation on the left with normal response on the right.

Plain radiograms of the skull on May 31, 1955 showed in the Towne position a definite enlargement of the left internal auditory meatus with thickness of its posterior margin (Fig. 1). This enlargement was confirmed by tomographic views in the usual anteroposterior position.

A diagnosis of left cerebellopontine angle tumor was made and operation was decided upon without the aid of lumbar puncture or air studies.

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Operation. On June 20, 1955, at the Clínica Miramar, under general anesthesia with intravenous rectal Pentothal and endotracheal nitrous oxide, a left hemisuboccipital craniotomy was performed through a straight lateral incision as advocated by Bucy. The patient was placed in a lateral, semivertical position with the left side up. A round, hemispherical tumor, about 2 cm. in diameter, with a slightly pink, granular surface was encountered in the region of the internal auditory meatus. The 7th and 8th cranial nerves penetrated the tumor mass through its middle portion with no apparent plane of cleavage. It was soon realized that the nerves had to be sacrificed and therefore they were sectioned in order to allow complete gross removal of the tumor which was accomplished with the aid of pituitary rongeur and curette. The internal auditory meatus was found markedly enlarged and the tumor appeared attached to the dura mater of its posterior edge. The dura mater in all this region was resected and, although there was no macroscopic evidence of invasion of the bone, the edges of the internal auditory meatus were removed with the aid of rongeurs and its bottom was curetted and cauterized. The area of bone removal can be seen in the plain radiograms taken postoperatively (Fig. 1). There was no need to resect any portion of the cerebellar hemisphere and closure was carried out with silk sutures in the usual manner.

Postoperative course was uneventful. The facial paralysis that was almost complete before