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Clinical Images

Dural Tail Sign

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Case presentation

A 74-year-old right-handed male presented with headaches, paroxysmal cervical pain and gait instability that worsened during exercise walking. Neurological examination demonstrated proximal right lower extremity weakness. T1-weighted brain magnetic resonance imaging illustrated a well-delineated 26×23-mm mass with homogeneous enhancement, located in the right parietal convexity and associated with extensive edema. The presence of a dural tail (Figure 1, arrows) suggested the diagnosis of meningioma. Coronal images reconstruction using 3D Slicer open software platform (https://www.slicer.org/), (Figure 2) clearly revealed a dural tail bridging to the tumor and the surrounding edema. Superimposing the images with the motor homunculus (red, Panel A) and the sensory homunculus (yellow, Panel B), enabled visualized correlation between the anatomical affected areas and the associated patient's symptoms of right leg weakness and cervical pain. Meningioma is one of the most frequent intracranial tumors, accounting for more than a third of all primary brain tumors. Dural tail sign was first described in 1989[1], and though not pathognomonic, it has a high diagnostic sensitivity and specificity for menin-

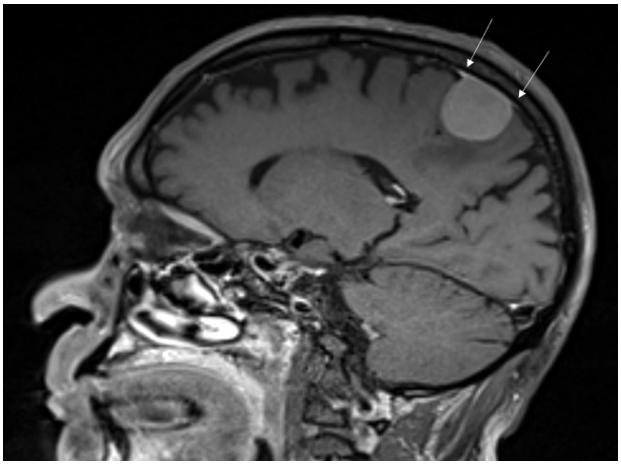

Figure 1: *Brain magnetic resonance imaging showing the presence of a well-defined extra-axial space occupying lesion involving the right parietal convexity. The presence of a dural tail (arrows) suggests the diagnosis of meningioma.*

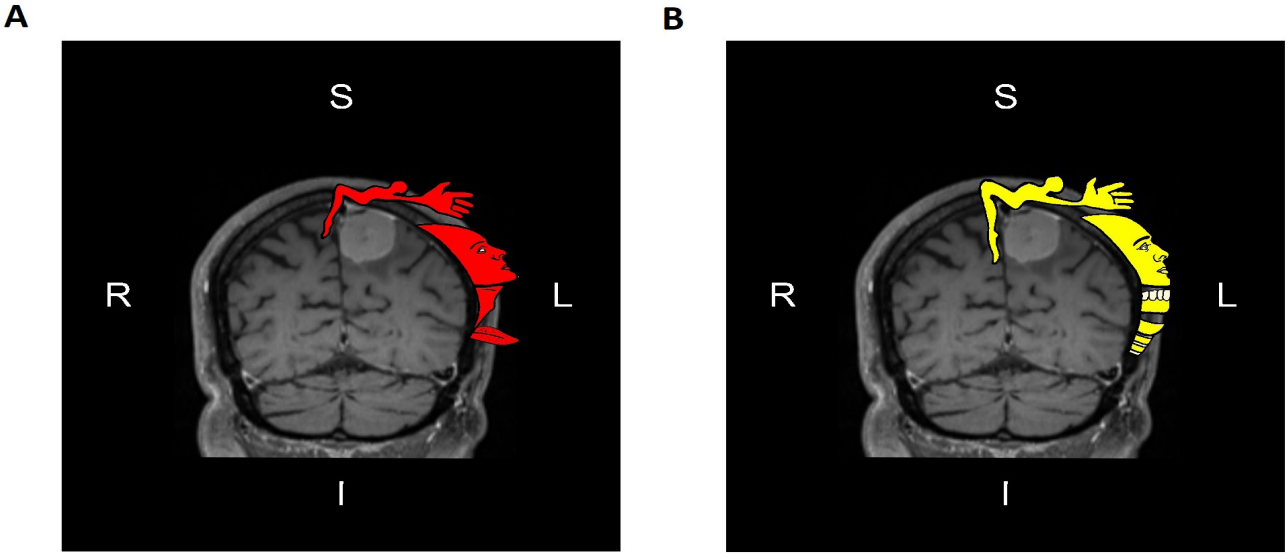

Figure 2: *Coronal brain MRI images reconstruction using 3D Slicer open software platform illustrates the dural tail bridging to the tumor and the surrounding edema, the motor homunculus (red, Panel A), and the sensory homunculus (yellow, Panel B).*

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gioma, 58.6% and 94.02%, respectively[2].

Disclosure

Y. Warszawer reports no disclosures relevant to the manuscript.; A. Achiron reports no disclosures relevant to the manuscript.

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