# Case Lesson 51-2026

# Incidental Clinoid Meningioma: When the patient came first and if the surgeon disregards his clinical results. Wrong strategy

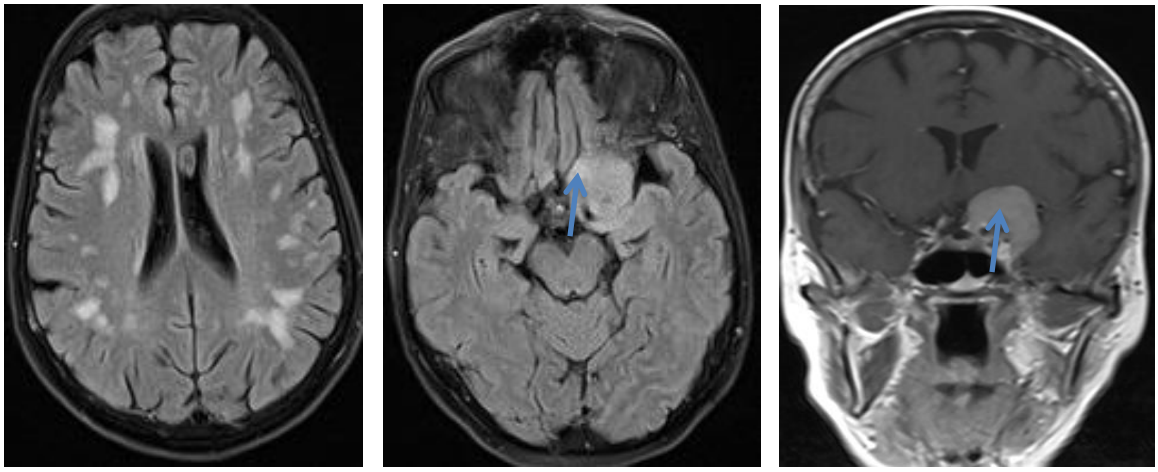
.Vojsava Leka, Mirel Grada, Aida Agastra, Stela Dodaj, Eugen Enesi, Arben Rroji, Mentor Petrela

## Introduction

Many meningioma's are detected incidentally and can be safely managed with a "watch-and-scan" strategy . The clinical relevance of incidental meningiomas should be interpreted in the context of patient comorbidities.

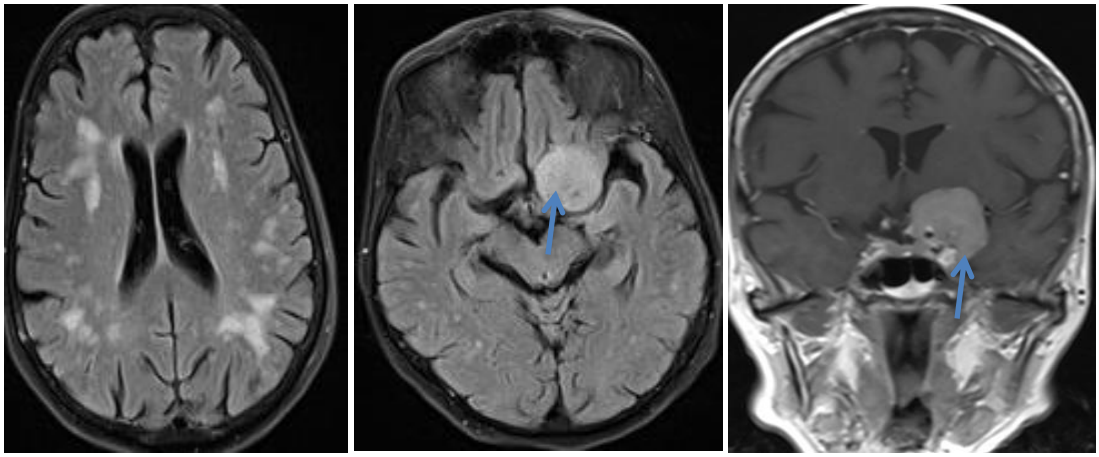
**Case Presentation**

A 70-year-old female farmer, very active , has a 10-year history of poorly controlled arterial hypertension. Seven years ago she experienced severe headaches due to a hypertensive crisis. A brain MRI revealed hypertensive small vessel disease Fazekas 3 and an incidental left clinoidal meningioma(fig 1A,B,C ). Visual field was normal and no motor and sensitive neurological deficits were seen. Follow- up consisting of brain MRI and visual field assessments every 6 months was recommended ,during the first year, and annually thereafter. The last brain MRI in 2026 demonstrated no interval growth or radiological progression of the meningioma.(fig 2 A,B,C). Her visual field is normal and she continued everyday farming.



A B C

**Fig 1 2019: First brain MRI:**A FLAIR sequences: **A** microangiopathy reflects chronic vascular damage due to as a consequence of long-standing arterial hypertension that has been poorly controlled over several years, **B** :Extra Axial supraclinoid left lesion that involves the cavernous sinus.33x26 mm **C**:Contrast-enhanced sequences where the supraclinoid lesion involving the left cavernous sinus is evidenced, without enhancement from IV contrast. Left ICA was encased.



**A B C**

**Fig 2 2026Last brain MRI: A:** FLAIR sequences: A microangiopathy reflects chronic vascular damage due to longstanding poorly controlled hypertension, **B:** Extraxial supraclinoid left lesion that involves the cavernous sinus 33x26 mm without size changes compared to 2019,**C**: Contrast-enhanced sequences where the supraclinoid lesion involving the left cavernous sinus is evidenced, without enhancement from IV contrast, No changes in the size of the lesion and of the encased left ICA.

## Discussion

This case illustrates indolent behavior of incidental, asymptomatic meningiomas and supports current recommendations favoring observation as first-line management (1,2). Five years follow-up in our data of 12 cases of incidental meningiomas (2 clinoidal) suggested that many such lesions demonstrate minimal or self-limiting growth, allowing extension or discontinuation of the follow-up in selected cases (2). Arterial hypertension represents the major risk of stroke in her condition (3). Our case remained stable and clinically silent over a 7-year period. Her follow-up is discontinued.

## Conclusion

In incidental meningiomas a “watch-and-scan” strategy is indicated for 5 years. When their behavior is clinically and radiologically stable, after that NHS doesn’t recommend and reimburse further examinations. (2).

**Keywords**
Meningioma; Clinoidal meningioma; Hypertension; Small vessel disease; Conservative management; Watch-and-scan

**References**

1. Goldbrunner R, Stavrinou P, Jenkinson MD, et al. EANO guideline on the diagnosis and management of meningiomas. Neuro Oncol. 2021;23(11):1821–34.

2. Kent & Medway Cancer Collaborative. Oncological

treatment of primary brain and CNS tumours: pathway of care. Version 12; 2025.

3. Bushnell C, et al. 2024 Guideline for the Primary Prevention of Stroke. AHA/ASA. Stroke. 2024.