

# Malignant subdural effusion from dural metastases: A case report and review of available literature

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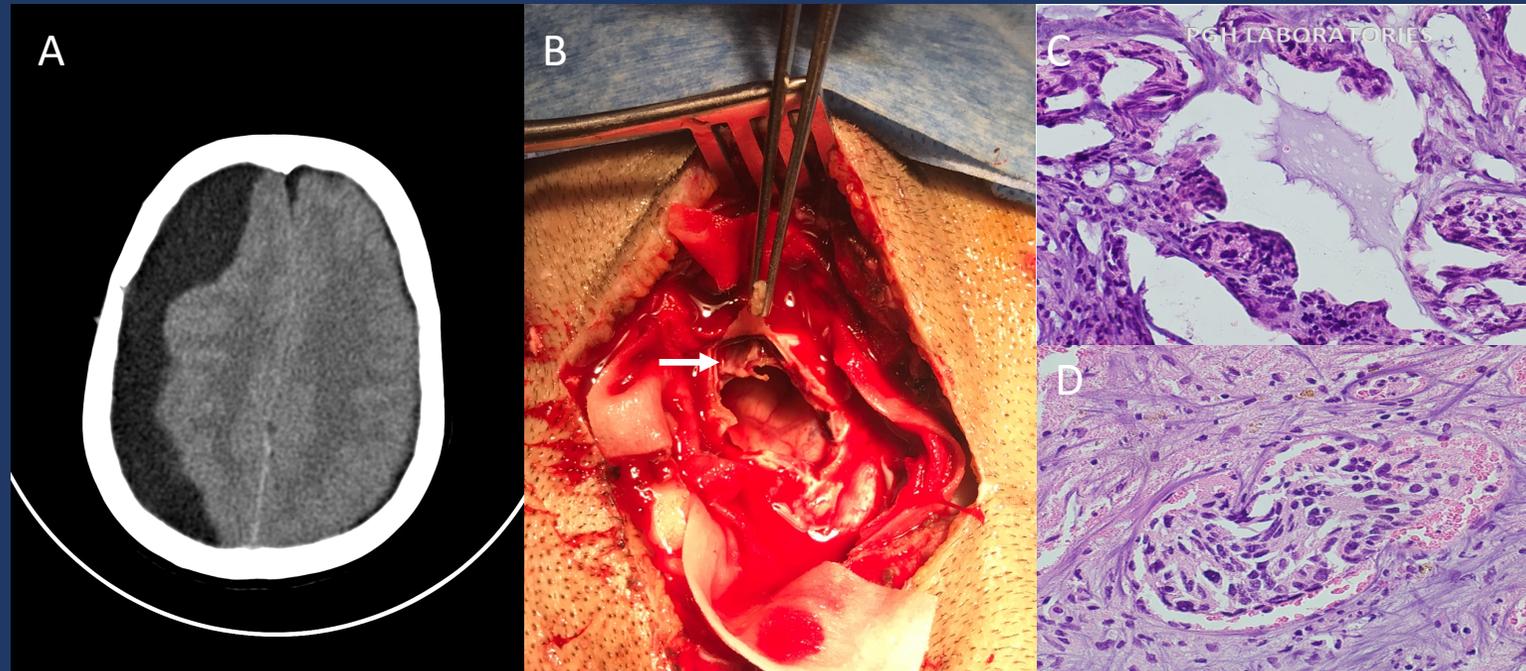
Subdural effusion from dural metastases is a **very rare** entity with **high recurrence rate** and **poor prognosis** that has a **different pathophysiology** and is **difficult to distinguish** from a subdural hematoma

## Introduction

- Subdural collections from dural metastases are rare
- Differentials include subdural hematomas or effusions
- **Only 8 cases of subdural effusion** from dural metastases have been reported

## Case Report

- A 43 year-old female was admitted for surgery of a sigmoid mass
- She had sudden-onset left-sided weakness and decrease in sensorium
- Cranial CT revealed a right **frontoparietal subdural collection** causing mass effect (A)
- Right frontoparietal craniotomy, evacuation of hematoma and biopsy of dural metastases was done (B, arrow)
- Patient improved after surgery but expired from disease complications and pneumonia



## Histopathology

- Dural biopsy confirmed **adenocarcinoma**
- Mucin production (B) and lymphovascular-space invasion (LVS) were seen (C)

## Review of Literature

- 8 previous cases in literature reported metastases from prostate, gastrointestinal and lung carcinomas, as well as lymphoma
- Subdural hematoma vs effusion is indistinguishable on imaging, diagnosis is mainly **intraoperative**
- Most cases reported **yellow-xanthochromic acellular fluid**
- Postulated etiologies for effusion: **mucin production of adenocarcinoma, transudate from venous blockage by LVS, or lysed blood** due to metastases that bled
- **High recurrence rate** despite surgery
- Surgery, chemotherapy, and whole brain radiotherapy have been proposed as treatments
- **Poor prognosis** with survival ranging from 1 to 16 months



We will be glad to answer questions, as well as send supplementary materials to this poster, for details please scan the above QR code