Cerebellar meningeal melanocytoma associated with nevus of Ota
An extremely rare case

A 20-year-old woman presented with a 2-day history of headache. She had a congenital grayish-blue pigmented nevus on her left side face, which involved ipsilateral sclera and oral mucosal membrane, diagnosed as nevus of Ota (figure 1, A and B). Neuroradiologic manifestation revealed a lesion in the left cerebellar hemisphere, the etiology of the presenting tumor apoplexy (figure 1, C–F). A left cerebellar hemisphere craniotomy was performed. A well-defined black lesion involved dura mater to the pia mater and was firmly attached to the cerebellar tentorium (figure 2, A and B). Histopathologic examination confirmed a meningeal melanocytoma. Postoperative CT demonstrated total tumor resection.1

Physical examination found a congenital irregular grayish-blue macular pigmented nevus located in the territory of the left trigeminal nerve (A); bluish pigmentation of ipsilateral sclera and oral mucosal membrane were also observed (A, B, arrow). Axial CT of the head scan showed a heterogeneous hyperdense mass surrounded by a little slightly hyperdense shadow and flake edema (C). Axial MRI disclosed a slightly T1-hyperintense and T2-hypointense lesion with a well-demarcated border adjacent to the brainstem (D, E), and the posterior part of the tumor enhanced obviously after gadolinium administration (F).

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Author contributions: All authors were involved in clinical care and investigative workup of the patient. Xuhui Hui provided pictures of the patient and drafted and revised the manuscript. Hongxu Chen and Wenke Liu performed the patient follow-up and drafted and revised the manuscript. Si Zhang and Jianguo Xu were responsible for the study concept and revised the manuscript for intellectual content.

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