

EP16.127 Meningiomas in pregnancy: Clinical presentation and management. A report of two cases.

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Meningiomas are primary central nervous system tumors, typically benign, with an incidence of 0.1%–0.5% during pregnancy. They pose significant risks to both mother and fetus, as hormonal receptor expression can trigger rapid growth. Management depends on tumor characteristics and may require surgical resection. Determining intervention timing is critical to balance maternal neurological outcomes with risks associated with preterm delivery and anesthesia. We present a retrospective review of two imaging-confirmed cases—one spinal (thoracic) and one intracranial—managed at a high-complexity center in Bogotá, Colombia.

Case 1: A 32-year-old at 33 weeks' gestation with recurrent, progesterone-receptor-positive thoracic meningiomas (T1–T3) and prior surgeries. Condition complicated by chronic T1–T4 myelopathy and urinary incontinence. Cessation of neuropathic medications during pregnancy led to symptomatic exacerbation. A multidisciplinary team opted for delivery at 34 weeks after antenatal corticosteroids.

Following cesarean delivery, the neonate required resuscitation for transient anesthetic depression. No long-term adverse events occurred; no immediate postpartum surgery was required.

Case 2: A 39-year-old at 31 weeks' gestation (IVF) presented with progressive left hemiplegia and blurred vision. Imaging showed an intracranial lesion with significant mass effect consistent with meningioma. Persistent symptoms prompted delivery at 31.4 weeks after corticosteroid prophylaxis and neuroprotection. The neonate required two resuscitation cycles but recovered well. Craniotomy was scheduled for 6 weeks postpartum.

Conclusion

Managing meningiomas during pregnancy is a multidisciplinary challenge requiring strategies to minimize prematurity while preventing maternal neurological decline. The lack of international consensus underscores the need for clinical protocols for this complex pathology.

CASE 2

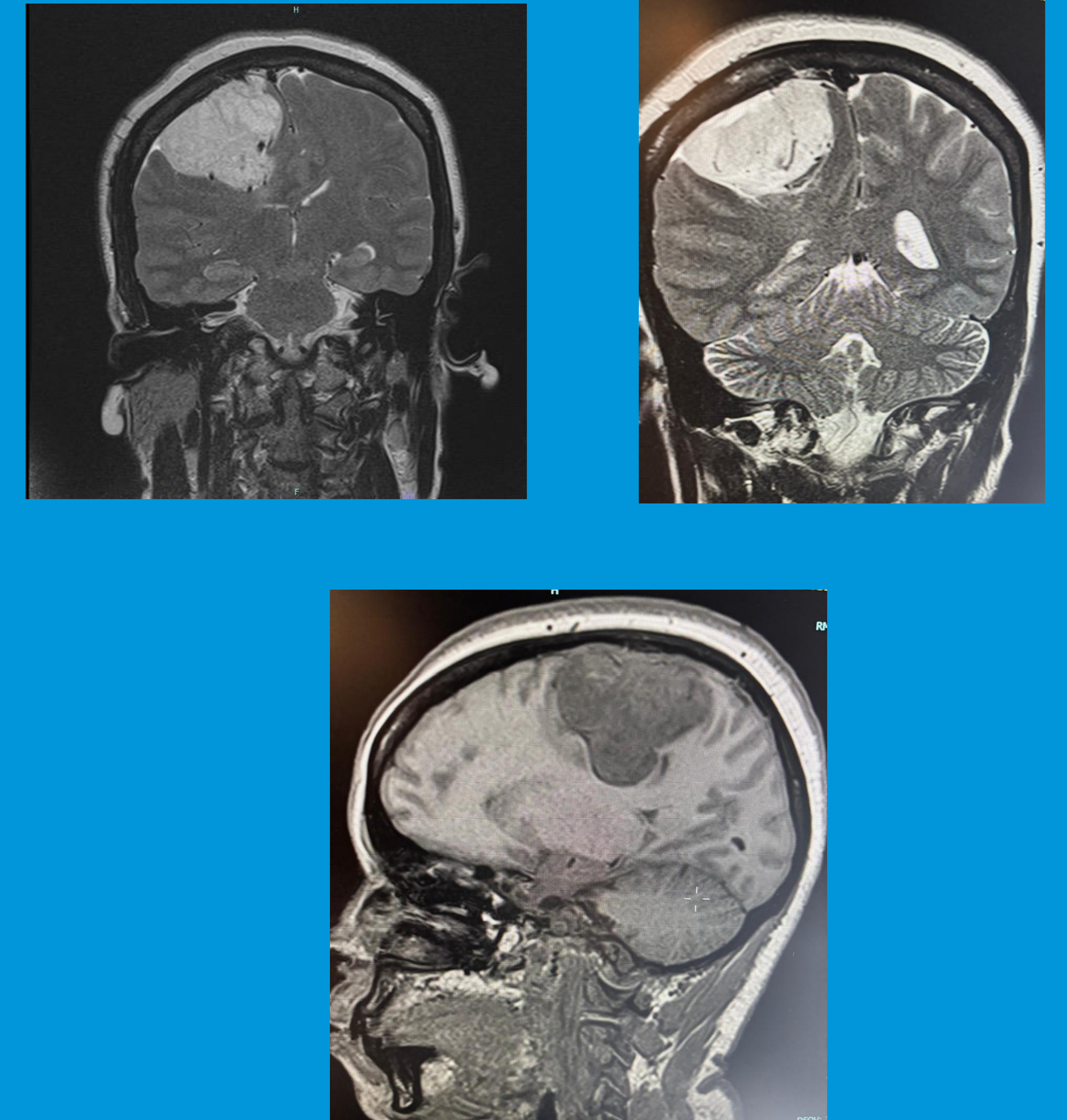


Figure 1-3 . Coronal y sagittal views of an Intracranial lesion with significant mass effect consistent with meningioma