

Differential diagnosis of neck mass – a case report of atypical presentation of meningioma with extracranial extension

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Objective: A neck mass is a common clinical presentation with diverse etiologies, often manifested as a painless, palpable lesion without other symptoms. The causes include inflammatory, congenital, and neoplastic origins. In adults, persistent neck masses are more often malignant and should be considered as such until proven otherwise. The aim is to present the diagnostic and therapeutic algorithm through a rare case of meningioma extending from the cerebellopontine angle into the extracranial (cervical) space, presenting solely as a neck mass. **Case report:** We describe a 29-year-old female with a painless right level II neck mass present for one year. Ultrasound and FNA suggested a mesenchymal tumor, excluding epithelial tumors, thyroid lesions, and paragangliomas. MSCT revealed a lesion extending from the cerebellopontine angle through the jugular foramen to the carotid bifurcation. Histopathology confirmed a WHO grade I meningothelial meningioma. **Results:** A narrative literature review was conducted to contextualize this rare presentation. Meningiomas are the most common non-gliial intracranial tumors (~15%), but extracranial extension is rare (1 – 2%), typically involving the orbit or paranasal sinuses. The presentation of an isolated neck mass without neurological symptoms is exceptional but it has been reported. **Conclusion:** This case highlights the importance of a structured and timely evaluation – starting from a clinical examination and targeted imaging to histological confirmation. Every persistent neck mass in adults requires a multidisciplinary approach and a high index of suspicion for malignancy or rare entities to avoid diagnostic delay and improve outcomes.

Key words: neck mass, meningioma, diagnostic algorithm