

SURGICAL MANAGEMENT OF INTRACRANIAL MENINGIOMA: TWO-YEAR EXPERIENCE OF 27 PATIENTS

ZHANG Zuohong, Wilson HO, ZHANG Zhenyu, XU Binchu, YUAN Guoyan, Gilberto LEUNG

Neurosurgery Division, Department of Surgery, The University of Hong Kong-Shenzhen Hospital, Shenzhen, China.

INTRODUCTION: Meningioma is one of the most common intracranial tumors. Although it responds favorably to surgical resection, its surgical management is impacted by several factors.

MATERIALS & METHODS: This Series represent our experience of 27 patients with intracranial meningioma between May 2013 and August 2015. There were 7 male and 20 female patients with a mean age of 56 years. There were six patients older than 70 years old. Three recurrent meningiomas were included. There were 12 meningiomas involving cerebral venous sinus.

RESULTS: Simpson Grade I resection was achieved in 15 patients, and Simpson Grade II resection was achieved in 12 patients. Postoperative complications include subcutaneous infection (1), epilepsy (2), tumor cavity bleeding (3), subcutaneous collection (1), oculomotor paralysis (1), and severe brain edema (1). There were 6 histologically confirmed atypical meningiomas. The WHO grades were Grade I in 20, Grade II in 5, and Grade I~II in 2. Postoperative follow-up were collected in 22 patients. The average follow-up period was 6.64 months. Postoperative repeated MRI showed recurrence in 3 patients. Only 2 recurrent patients received irradiation.

CONCLUSION: We present here our experience in surgical management of intracranial meningiomas with short postoperative follow-up. Further investigation and longer follow-up period are necessary to confirm the role of adjuvant radiotherapy in the management of atypical meningiomas and high-grade meningiomas.