For the neurosurgical oncologist, the balance of maximal cytoreduction and functional preservation remain central challenges, because the process of determining an ideal resection margin suffers from insufficient and unreliable visual, tactile, and radiographic data. Although considerable controversy persists regarding the clinical benefits of the more extensive extent of resection for low- and high-grade gliomas, mounting literature continues to support this approach ^{1) 2)}.

1)

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