

Fourth ventricle ependymoma treatment

Surgery is the standard treatment for ependymoma of the fourth ventricle. It confirms the diagnosis, may relieve obstruction of spinal fluid flow, and may allow for total removal. 100% resection is common for ependymomas of the fourth ventricle. Maximal surgical resection is said to be desirable, but incomplete resection is the rule for ependymomas in other locations because ependymomas usually grow in relatively inaccessible parts of the nervous system. As fourth ventricular ependymomas are reportedly not very aggressive and unlikely to have drop metastases, a good neurosurgeon will use frozen section and [clinical judgement](#) as to whether or not surgery should be extensive.

Spinal drop metastases was not reported in subependymomas as of 1993 (Ernestus and Schroder, 1993), but a case was reported in 2001 (Nakasu et al).

Postoperative radiation treatment is standard for the more malignant ependymomas, but a clear response has so far not been established. Radiation may be delayed after surgery until it is clear that there is residual growing tumor.

Little is known about chemotherapy for ependymomas, and at this writing (2012), it is considered investigational.

Operative mortality is about 25-50% for ependymomas of the posterior fossa, but this statistic is largely drawn from older literature as these tumors are rare.

The prognosis depends on age. The 1 year survival is about 82% for adults. Five year survival is 79% in younger adults, but only 44% in patients 75 and older.

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