

# Glioblastoma Stereotactic Radiosurgery

**Gliomas** is a relatively new **indication** for **stereotactic radiosurgery** (SRS). Traditionally, SRS has been considered to be an inadequate treatment for glial tumors as these are diffuse tumors, but SRS is a highly focused treatment. Tumor delineation can be challenging given the diffuse nature of the gliomas. It has been recommended to include the **T2/fluid-attenuated inversion recovery (FLAIR)** altered signal intensity areas in addition to the contrast-enhancing part in the treatment plan of glioblastoma in order to increase the coverage. Some have recommended including 5 mm margins to cover up for the diffusely infiltrative nature of the **glioblastoma**. The most common indication of SRS in patients with glioblastoma is tumor recurrence. SRS has also been used as a boost to the residual tumor or tumor bed after surgical excision before conventional radiotherapy. The addition of bevacizumab has been recently tried along with SRS in patients with **recurrent glioblastoma** to decrease **radiation toxicity**. Besides, SRS has also been used in patients with low-grade gliomas following recurrence. Brainstem gliomas, which are usually low-grade gliomas, are another indication of SRS. Outcomes following the use of SRS are comparable with external beam radiotherapy in brainstem gliomas, whereas the risks of radiation-induced complications are less. SRS has also been used in other glial tumors such as **gangliogliomas** and **ependymomas** <sup>1)</sup>.

see [Stereotactic Radiosurgery for Glioblastoma recurrence](#).

see [Fractionated Stereotactic Radiotherapy for Glioblastoma recurrence](#).

## Gamma Knife radiosurgery for glioblastoma

[Gamma Knife radiosurgery for glioblastoma](#).

<sup>1)</sup>

Garg K, Agrawal D. Role of Stereotactic Radiosurgery in Glial Tumors. Neurol India. 2023 Mar-Apr;71(Supplement):S207-S214. doi: 10.4103/0028-3886.373633. PMID: 37026354.

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