

Glioma and pregnancy

Glial tumor growth may accelerate during [gestation](#), but epidemiological studies consistently demonstrated that parousity reduces life long risk of glial tumors. Pregnancy may also accelerate growth of [medulloblastoma](#) and [meningioma](#), but parousity does not confer protection against these tumors.

In a multiinstitutional retrospective study, Peeters et al. identified 52 pregnancies in 50 women diagnosed with a [glioma](#).

For gliomas known prior to pregnancy (n = 24), they found the following:

- 1) An increase in the quantified imaging growth rates occurred during pregnancy in 87% of cases.
- 2) Clinical deterioration occurred in 38% of cases, with seizures alone resolving after delivery in 57.2% of cases.
- 3) Oncological treatments were immediately performed after delivery in 25% of cases. For gliomas diagnosed during pregnancy (n = 28), we demonstrated the following:
 - 1) The tumor was discovered during the second and third trimesters in 29% and 54% of cases, respectively, with seizures being the presenting symptom in 68% of cases.
 - 2) The quantified imaging growth rates did not significantly decrease after delivery and before oncological treatment.
 - 3) Clinical deterioration resolved after delivery in 21.4% of cases.
 - 4) Oncological treatments were immediately performed after delivery in 70% of cases. Gliomas with a high grade of malignancy, negative immunoexpression of alpha-internexin, or positive immunoexpression for p53 were more likely to be associated with tumor progression during pregnancy. Deliveries were all uneventful (cesarean section in 54.5% of cases and vaginal delivery in 45.5%), and the infants were developmentally normal. CONCLUSIONS When a woman harboring a glioma envisions a pregnancy, or when a glioma is discovered in a pregnant patient, the authors suggest informing her and her partner that pregnancy may impact the evolution of the glioma clinically and radiologically. They strongly advise a multidisciplinary approach to management.

■ CLASSIFICATION OF EVIDENCE Type of question: association; study design: case series; evidence: Class IV ¹⁾.

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Peeters S, Pagès M, Gauchotte G, Miquel C, Cartalat-Carel S, Guillamo JS, Capelle L, Delattre JY, Beauchesne P, Debouverie M, Fontaine D, Jouanneau E, Stecken J, Menei P, De Witte O, Colin P, Frappaz D, Lesimple T, Bauchet L, Lopes M, Bozec L, Moyal E, Deroulers C, Varlet P, Zanello M, Chretien F, Oppenheim C, Duffau H, Taillandier L, Pallud J; for the Club de Neuro-Oncologie de la Société Française de Neurochirurgie and the Association des Neuro-Oncologues d'Expression Française.. Interactions between glioma and pregnancy: insight from a 52-case multicenter series. *J Neurosurg.* 2017 Mar 3;1-11. doi: 10.3171/2016.10.JNS16710. [Epub ahead of print] PubMed PMID: 28298039.

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Last update: **2024/06/07 02:59**

