

Incidental meningioma management

- [Incidental brain uptake of Gallium-68 DOTATATE positron emission tomography/computed tomography scan in patients with neuroendocrine tumors: a case report and literature review](#)
- [Single-Fraction Stereotactic Radiosurgery as Primary Management of Sporadic Meningiomas: A 25-Year Cohort Study](#)
- [Meningeal malignant solitary fibrous tumor with multiple recurrence, extracranial extension, cervical lymph node metastases: case report and review of the literature](#)
- [Carboplatin-gemcitabine for refractory high-grade meningiomas: A study from the French national OMEGA consortium](#)
- [PSMA PET/CT scan reveals incidental meningioma in a prostate cancer patient](#)
- [Prevalence and Clinical Significance of Incidental Neuroimaging Findings in Neuro-Ophthalmology: A Retrospective Analysis of 5,000 Cases](#)
- [A retrospective comparison of active surveillance to stereotactic radiosurgery for the management of elderly patients with an incidental meningioma](#)
- [Radiosurgery for Intracranial Meningiomas: A Review of Anatomical Challenges and an Update on the Evidence](#)

Key Principles of Management

Initial Assessment:

Confirm diagnosis with MRI (including contrast-enhanced sequences).

Rule out alternative diagnoses (e.g., metastasis, hemangiopericytoma).

Document baseline size, location, and radiological features (e.g., calcifications, edema, dural tail, brain invasion).

Risk Stratification: Factors predicting progression include:

Tumor size > 3 cm

Skull base or eloquent location

Absence of calcification

Peritumoral edema

Hyperintensity on T2

Rapid growth on serial imaging

Management Options

see [Incidental meningioma active surveillance](#)

Most common approach for small, asymptomatic tumors.

Serial MRIs: every 6 months initially, then yearly if stable.

Surgical Resection

Considered for tumors showing growth, causing mass effect, or in younger patients where long-term monitoring is less ideal.

Also considered if tumor is accessible with low expected morbidity.

Radiation Therapy

Stereotactic radiosurgery (SRS) or fractionated radiotherapy may be offered in selected cases.

Typically reserved for growing lesions not amenable to surgery or in older/frail patients.

Follow-up Strategy

No universal consensus, but typically:

MRI at 6 months after diagnosis

If stable: yearly imaging for 5 years, then spacing out

Lifelong follow-up is generally advised for younger patients

Decision-making Considerations

Patient age and comorbidities

Tumor location and size

Radiological features of aggressiveness

Patient preference and anxiety levels

Life expectancy and quality of life impact

Asymptomatic meningioma treatment

see [Asymptomatic meningioma treatment](#).

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Last update: **2025/04/03 21:23**

