

Intracranial Meningioma Surgery Indications

The morbidity following treatment of [incidental intracranial meningioma](#) is not negligible. Considering most operated tumors are WHO grade I, treatment should be reserved for those manifesting symptoms or demonstrating substantial growth on radiological surveillance ¹⁾.

Asymptomatic cases had smaller tumors and waited longer for surgery. Surprisingly, complication rate was significantly higher among asymptomatic cases compared with their symptomatic control. Taken into account that many asymptomatic tumors are removed surgically due to patient's wish, one might suggest a more restrictive approach, especially in the elderly ²⁾.

Approximately 63% of asymptomatic meningiomas did not exhibit tumor growth, and only 6% of all patients with these lesions experienced symptoms during the observation period. To avoid surgery-related incidences of morbidity in patients with asymptomatic meningiomas, conservative treatment with close follow-up review may be the best therapeutic strategy ³⁾.

Elderly

[Intracranial Meningioma Surgery Indications in Elderly](#)

¹⁾

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²⁾

Näslund O, Skoglund T, Farahmand D, Bontell TO, Jakola AS. Indications and outcome in surgically treated asymptomatic meningiomas: a single-center case-control study. *Acta Neurochir (Wien).* 2020 Feb 3. doi: 10.1007/s00701-020-04244-6. [Epub ahead of print] PubMed PMID: 32016587.

³⁾

Yano S, Kuratsu J; Kumamoto Brain Tumor Research Group. Indications for surgery in patients with asymptomatic meningiomas based on an extensive experience. *J Neurosurg.* 2006 Oct;105(4):538-43. PubMed PMID: 17044555.

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