

Intraventricular meningioma surgery

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Approaches

A variety of surgical approaches can be selected depending on patient and tumor factors as well as on surgeon preference. Some of these approaches are complex and demand a thorough understanding of the ventricular and periventricular anatomy ¹⁾.

Parietooccipital transcortical, [transcallosal approach](#) and middle/inferior temporal gyrus [approach](#) are the described techniques to tackle such tumors depending on the location of such tumors. Surgeons should watch out for massive blood loss during surgery, especially via the parietooccipital transcortical approach ²⁾.

Superior parietal lobule and temporal approach were widely adopted and lateral/4th ventricular meningiomas were more easily to acquire total tumor resection as compared with 3rd ventricular meningiomas ($P = .03$). After an average follow-up of 57.3 months, 6 patients experienced a recurrence of disease in our series. Individuals with subtotal resection ($P < .001$) and higher World Health Organization classification ($P = .001$) were more prone to relapse. Intraventricular meningiomas presented with a wide variety of symptoms. Surgery remained 1st treatment of choice and the optimal surgical approach should be planned individually based on preoperative MRI evaluation. Patients who underwent subtotal tumor resection and with malignant tumors, nature should be carefully monitored during follow-up ³⁾.

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