

Ki-67 in recurrent vestibular schwannoma

see also [MIB Index in recurrent vestibular schwannoma](#).

Some researchers have analyzed the [Ki-67](#) proliferative index of [vestibular schwannoma](#) ^{1) 2) 3) 4) 5) 6) 7) 8) 9)}.

Charabi et al., were the first to describe the growth rate of VSs as expressed by Ki-67 in relation to symptom duration, reported that tumors with a high proliferative status showed a short preoperative symptom duration, while tumors with a low proliferative status had a long symptom duration. Subsequently, other authors assumed that tumor growth was positively associated with a higher proliferative status as expressed by Ki-67 ^{10) 11)}.

The Ki-67 index may be useful for determining the probability of regrowth of vestibular schwannomas when only partial removal is accomplished ¹²⁾.

In patients with a Ki-67 index greater than 3 per cent, more frequent clinical examination and radiological follow up are recommended ¹³⁾.

References

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Bedavanija A, Brieger J, Lehr HA, et al. Association of proliferative activity and size in acoustic neuroma: implications for timing of surgery. J Neurosurg 2003; 98: 807-811.

²⁾

Light JP, Roland JT, Jr, Fishman A, et al. Atypical and low-grade malignant vestibular schwannomas: clinical implications of proliferative activity. Otol Neurotol 2001; 22: 922-927.

³⁾

Lesser TH, Janzer RC, Kleihues P, et al. Clinical growth rate of acoustic schwannomas: correlation with the growth fraction as defined by the monoclonal antibody ki-67. Skull Base Surg 1991; 1: 11-15.

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Cafer S, Bayramoglu I, Uzum N, et al. Expression and clinical significance of Ki-67, oestrogen and progesterone receptors in acoustic neuroma. J Laryngol Otol 2008; 122: 125-127.

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O'Reilly BF, Kishore A, Crowther JA, et al. Correlation of growth factor receptor expression with clinical growth in vestibular schwannomas. Otol Neurotol 2004; 25: 791-796.

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Charabi S, Engel P, Charabi B, et al. Growth of vestibular schwannomas: in situ model employing the monoclonal antibody Ki-67 and DNA flow cytometry. Am J Otol 1996; 17: 301-306.

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Charabi S, Engel P, Jacobsen GK, et al. Growth rate of acoustic neuroma expressed by Ki-67 nuclear antigen versus symptom duration. Ann Otol Rhinol Laryngol 1993; 102: 805-809.

⁸⁾

Yokoyama M, Matsuda M, Nakasu S, et al. Clinical significance of Ki-67 staining index in acoustic neurinoma. Neurol Med Chir (Tokyo) 1996; 36: 698-702.

⁹⁾

Niemczyk K, Vaneecloo FM, Lecomte MH, et al. Correlation between Ki-67 index and some clinical aspects of acoustic neuromas (vestibular schwannomas). Otolaryngol Head Neck Surg 2000; 123:

779-783.

¹²⁾

Iannella G, de Vincentiis M, Di Gioia C, Carletti R, Pasquariello B, Manno A, Angeletti D, Savastano E, Magliulo G. Subtotal resection of vestibular schwannoma: Evaluation with Ki-67 measurement, magnetic resonance imaging, and long-term observation. *J Int Med Res.* 2017 Jun;45(3):1061-1073. doi: 10.1177/0300060516686873. Epub 2017 Apr 27. PubMed PMID: 28447494; PubMed Central PMCID: PMC5536425.

¹³⁾

Prueter J, Norvell D, Backous D. Ki-67 index as a predictor of vestibular schwannoma regrowth or recurrence. *J Laryngol Otol.* 2019 Mar;133(3):205-207. doi: 10.1017/S0022215119000549. PubMed PMID: 30983565.

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