

Leptomeningeal carcinomatosis complications

Hydrocephalus occurs in a significant proportion of patients, is associated with poor prognosis and reduced quality of life, and usually precludes the use of intrathecal therapy.

Misplaced catheters, malfunction of the system, and shunt-related infections are known complications of treatment.

Data on patients with leptomeningeal metastasis-related hydrocephalus from lung adenocarcinoma diagnosed by MR imaging and/or cytology were retrospectively analyzed by Mitsuya et al., from the Shizuoka Cancer Center. Between August 2008 and July 2017, the authors reviewed 31 patients requiring CSF shunt, who underwent ventriculoperitoneal shunt or lumboperitoneal shunt.

The patients consisted of 11 men and 20 women with a median age of 59 years. Twenty-six patients received EGFR-tyrosine kinase inhibitors (TKIs). CSF shunt surgery yielded rapid improvement in the performance status of 90.3% of patients. Median overall survival from the diagnosis of Leptomeningeal carcinomatosis in patients with ECOG performance status less than 2 was 7.7 months, and this was significantly longer than those in patients with PS 3 or 4 (4.4 or 1.5 months; $p < 0.001$). Multivariate analysis by Cox regression revealed survival differences according to PS at diagnosis of LC [PS 1-3 vs. PS4, hazard ratio (HR) 0.201, $p = 0.034$], controlled extracranial metastases (HR 0.248, $p = 0.005$), and post-shunt EGFR-TKI for LC treatment (HR 0.193, $p = 0.008$). Postoperative symptomatic peritoneal carcinomatosis was observed in one patient (3.2%).

CSF shunting may be a safe and effective strategy in patients with LC-H from lung adenocarcinoma. A prospective study is needed to establish the effectiveness and safety of palliative CSF shunt for LM-H¹⁾.

¹⁾

Mitsuya K, Nakasu Y, Hayashi N, Deguchi S, Takahashi T, Murakami H, Naito T, Kenmotsu H, Ono A, Wakuda K, Harada H. Palliative cerebrospinal fluid shunting for leptomeningeal metastasis-related hydrocephalus in patients with lung adenocarcinoma: A single-center retrospective study. PLoS One. 2019 Jan 10;14(1):e0210074. doi: 10.1371/journal.pone.0210074. eCollection 2019. PubMed PMID: 30629621.

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