Lille

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Tumors of the third ventricle: review of 262 cases

All patients who underwent Gamma knife radiosurgery GKS for the treatment of a hemorrhagic brainstem CM(s) in the Department of Neurosurgery, Lille University Hospital, CHU Lille, Université de Lille, Lille, France. between January 2007 and December 2012. The GKS was privileged when the surgical procedure was evaluated as very risky. The mean dose of radiation was 14.8 Gy, and the mean target volume was 0.282 cm3. All patients participated in a scheduled clinical follow-up. The posttreatment MRI was performed after 6 months and after 1 year, and then all patients had an annual MRI follow-up.

There were 19 patients with a mean age of 36.7 years. The mean follow-up period was 51.2 months. The annual hemorrhage rate (AHR) was 27.31% before GKS, 2.46% during the first 2 years following the GKS, and 2.46% after the first 2 years following the GKS. The decrease in AHR after GKS was significant (p < 0.001).

GKS should be suggested when the surgical procedure harbors a high risk of neurological morbidity in patients with brainstem CM. Compared to prior literature results, a lower dose than applied in this study could be discussed ¹⁾.

A retrospective study of 139 consecutive patients operated for a ruptured cerebral arteriovenous malformation (rAVM) between 2002 and 2012

The age at diagnosis and the WFNS score were recorded for each patient before treatment. All patients were re-evaluated 3 months after treatment using mRS scale. Conventional angiography was performed in the first 2 postoperative weeks and then a year later to detect any remnant or recurrence.

The mean age at diagnosis was 30.8 years (range 4-69 SD: ±5) and 44 patients had an age at diagnosis <18 yo. The mRS score 3 months after treatment was ≤ 2 in 104 patients (83%). Predictive factors of good functional outcome were age at diagnosis <25 yo, initial WFNS score ≤ 2 , SPM grade ≤ 2 and absence of acute hydrocephalus (p<0.05). Complete obliteration was obtained in 123 patients (89.5%) after the first microsurgical treatment. Early postoperative conventional angiography revealed a rAVM remnant in 16 patients (10.5%). Late conventional angiography showed a recurrence in 6 patients (4.5%). All of them were <18 yo. Predictive factors of postoperative rAVM remnant were an initial WFNS score>2, SPM grade>2 and preoperative evaluation limited only to CT angiography in emergency situation (p<0.05). CONCLUSION: Functional outcome after microsurgical treatment was good in 83% of patients with rAVM. Good results were also recorded in 28% of patients with poor initial neurological status and severe intracerebral hemorrhage, which required immediate surgery. In case of remnant, a further treatment should be decided in a true multidisciplinary discussion to protect the patient from any rebleeding ².

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