

see [Intracranial meningioma case series](#)

see [Spinal meningioma case series](#)

2016

Gousias et al., [reviewed](#) their institutional experience with a policy based on [maximal safe resections](#) for [meningiomas](#), and they analyzed the impact of the degree of [resection](#) on [functional outcome](#) and [progression free survival](#) (PFS).

They retrospectively analyzed 901 consecutive patients with primary meningiomas (716 WHO Grade I, 174 Grade II, and 11 Grade III) who underwent resections at the University Hospital of [Bonn](#) between 1996 and 2008. Clinical and treatment parameters as well as tumor characteristics were analyzed using standard statistical methods.

The median follow-up was 62 months. PFS rates at 5 and 10 years were 92.6% and 86.0%, respectively. Younger age, higher preoperative Karnofsky Performance Scale (KPS) score, and convexity tumor location, but not the degree of resection, were identified as independent predictors of a good functional outcome (defined as KPS Score 90-100). Independent predictors of PFS were degree of resection (Simpson Grade I vs II vs III vs IV), MIB-1 index (< 5% vs 5%-10% vs >10%), histological grade (WHO I vs II vs III), tumor size (≤ 6 vs > 6 cm), tumor multiplicity, and location. A Simpson Grade II rather than Grade I resection more than doubled the risk of recurrence at 10 years in the overall series (18.8% vs 8.5%). The impact of aggressive resections was much stronger in higher grade meningiomas.

A policy of maximal safe resections for meningiomas prolongs PFS and is not associated with increased morbidity ¹⁾.

¹⁾

Gousias K, Schramm J, Simon M. The Simpson grading revisited: aggressive surgery and its place in modern meningioma management. J Neurosurg. 2016 Sep;125(3):551-60. doi: 10.3171/2015.9.JNS15754. Epub 2016 Jan 29. PubMed PMID: 26824369.

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Last update: **2024/06/07 02:59**

