

Olfactory groove meningioma epidemiology

- Years of life lost due to central nervous system tumor subtypes in the United States
- Oral contraceptives with progestogens desogestrel or levonorgestrel and risk of intracranial meningioma: national case-control study
- Antiseizure medication in patients with meningioma: a retrospective cohort study on the long-term impact on depression, anxiety and neurocognitive functioning
- Body Mass Index, Physical Activity, and Subsequent Neoplasm Risk Among Childhood Cancer Survivors
- Contributions of cancer treatment and genetic predisposition to risk of subsequent neoplasms in long-term survivors of childhood cancer: a report from the St Jude Lifetime Cohort and the Childhood Cancer Survivor Study
- Epidemiology of adult brain tumors in the Philippine General Hospital from 2018 to 2022: Initial steps to a national brain tumor registry in a lower-middle income country
- Disproportionality analysis of progestogens and estrogens demonstrates increased meningioma risk
- Association between anthropometric factors and meningioma risk: A systematic review and meta-analysis

The incidence of [olfactory groove meningioma](#) is approximately 8%–14% of all [intracranial meningiomas](#) ¹⁾.

It typically affects adults, with a peak incidence in the sixth and seventh decades of life. It appears to be slightly more common in women than in men.

There are also some known risk factors for developing meningiomas in general, such as a history of radiation exposure, neurofibromatosis type 2 (a genetic disorder), and certain rare genetic syndromes. However, the specific causes of olfactory groove meningiomas are not well understood at this time.

¹⁾

Nakamura M, Struck M, Roser F, Vorkapic P, Samii M. Olfactory groove meningiomas: clinical outcome and recurrence rates after tumor removal through the frontolateral and bifrontal approach. *Neurosurgery*. 2007;60:844–852

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Last update: **2024/06/07 02:54**

