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## **Operculum glioma**

Each glioma was classified by Rolston et al. as involving the pars orbitalis, pars triangularis, pars opercularis, or a combination of some or all of these areas. The authors then identified and compared characteristics between those patients experiencing transient or permanent speech deficits, as opposed to those with no language dysfunction.

Forty-three patients were identified for inclusion in this analysis. Transient deficits occurred in 12 patients (27.9%), while 4 patients (9.8%) had persistent deficits involving language. Individuals with preoperative language deficits and patients with seizures characterized by speech dysfunction appear to be at the highest risk to develop a deficit (relative risks 3.09 and 1.75, respectively). No patient with a tumor involving the pars orbitalis experienced a persistent deficit.

Resection of gliomas is widely recognized as a critical element of improved outcome. Given the low rate of language morbidity reported in this group of patients, resection of gliomas within the dominant frontal operculum is well-tolerated with acceptable morbidity and, in this particular location, should not be a deterrent in the overall management of these tumors <sup>1)</sup>.

Subcortical resection around the upper limiting sulcus of the posterior region of the insula and wide resection in the anteroposterior and cephalocaudal directions of the opercular region were considered to be risk factors of the critical infarction. Surgeons should be aware that resection of opercular glioma can disrupt the blood supply of the corona radiata, and carries the risk of permanent motor deficits <sup>2)</sup>.

Rolston JD, Englot DJ, Benet A, Li J, Cha S, Berger MS. Frontal operculum gliomas: language outcome following resection. J Neurosurg. 2015 Jan 30:1-10. [Epub ahead of print] PubMed PMID: 25635477.

Kumabe T, Higano S, Takahashi S, Tominaga T. Ischemic complications associated with resection of opercular glioma. J Neurosurg. 2007 Feb;106(2):263-9. PubMed PMID: 17410710.

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