Pediatric Cavernous Malformation Treatment

see also Cavernous Malformation Treatment.

The management needs to include consideration of the lifetime risk of hemorrhage, as well as the possibility of development of epilepsy. If in an accessible location, most cavernomas should be surgically removed in a timely fashion to provide lifelong cure for pediatric patients [1].

Surgery is a safe and efficient treatment option with excellent outcomes in patients [2].

Early intervention is recommended to resect CMs, the hemosiderin rim, and the epileptogenic cortex, even in cases of multiple CMs [3].

Complete resection must be attempted to reduce the risk of postoperative rebleeding [4].

Even in cases of multiple cerebral cavernous malformations and epilepsy, surgery should be considered [5]. The treatment modalities must be considered cautiously. A much longer follow-up remains mandatory for appropriate treatment strategies [6].

Directions for future evaluation include minimally invasive procedures, as well as potential for an increased role of medical management using targeted molecular therapies [7].

With the assistance of neuronavigation systems, intraoperative neuromonitoring, and TTRS, CMs could be targeted more accurately and excised more safely. Based on the satisfactory seizure outcome achieved, complete microsurgical excision in children is recommended for CMs presenting with seizures but removal of hemosiderin-stained areas seems to be unnecessary [8].

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