

Primary brain tumor clinical features

An [epileptic seizure](#) is the most common clinical [manifestation](#) of a primary [brain tumor](#) and responsible for its diagnosis in 30–50% of cases ¹⁾. Due to modern [neuroimaging](#), detailed anatomical information on a brain tumor is available early in the diagnostic process and therefore carries considerable potential in [clinical decision-making](#). The [goal](#) of a study of Akeret et al., was to gain a better understanding of the [relevance](#) of anatomical [tumor](#) characteristics on [seizure prevalence](#) and [semiology](#).

They [reviewed](#) [prospectively](#) collected clinical and [imaging data](#) of all patients operated on a [supratentorial](#) intraparenchymal primary brain tumor at the Neuroscience Center [Zurich](#) between January 2009 and December 2016. The effect of tumor [histology](#), anatomical location and [white matter infiltration](#) on seizure [prevalence](#) and [semiology](#) were assessed using uni- and [multivariate](#) analyses.

Of 678 included patients, 311 (45.9%) presented with epileptic seizures. Tumor location within the [central lobe](#) was associated with higher seizure prevalence (OR 4.67, 95% CI: 1.90-13.3, $p = .002$), especially within the [precentral gyrus](#) or [paracentral lobule](#) (100%). Bilateral extension, location within [subcortical](#) structures and invasion of deeper white matter sectors were associated with a lower risk (OR 0.45, 95% CI: 0.25-0.78; OR 0.10, 95% CI: 0.04-0.21 and OR 0.39, 95% CI: 0.14-0.96, respectively). Multivariate analysis revealed the [impact](#) of a [location](#) within the central lobe on seizure risk to be highly significant and more relevant than histopathology (OR: 4.79, 95% CI: 1.82-14.52, $p = .003$). Seizures due to tumors within the [central lobe](#) differed from those of other locations by lower risk of secondary generalization ($p < .001$).

Topographical lobar and gyral location, as well as the extent of white matter infiltration impact seizure risk and semiology. This finding may have a high therapeutic potential, for example regarding the use of prophylactic [antiepileptic](#) therapy ²⁾.

References

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van Breemen MS, Wilms EB, Vecht CJ. Epilepsy in patients with brain tumours: epidemiology, mechanisms, and management. *Lancet Neurol*. 2007 May;6(5):421-30. Review. PubMed PMID: 17434097.

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