

Sphenoid wing meningioma treatment

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see also [Intracranial meningioma treatment](#).

Surgical [tumor resection](#) is the mainstay of [sphenoid wing meningioma treatment](#), and the goal of surgery is complete removal of the tumor with wide excision of the affected bone and dura, minimizing the risk for future [meningioma recurrence](#).

Treatment of [sphenoid wing meningiomas](#) often depends on the [location](#) and the [size](#) of the tumor. [Gamma knife](#) radiation and microscopic surgery are common options. Their encapsulated, slow growth makes meningiomas good targets for [radiosurgery](#). In one series, less than one-third of clinoidal meningiomas could be completely resected without unacceptable risk of damaging of blood vessels (especially the carotid artery) or cranial nerves, risks that are lower with radiosurgery. If surgery is done and the entire tumor cannot be removed, then external beam radiation helps reduce the recurrence of the growth. In fact, surgery followed by radiation at recurrence provided excellent tumor control in cases where gross-total resection cannot be achieved ¹⁾.

Most meningiomas grow very slowly and almost never metastasize to other parts of the body. In part because of its slow growth, if a tumor is asymptomatic and found only by imaging, the best course is often observation with serial clinical exams and imaging. Possible indications for intervention would be a rapid increase in growth or involvement of cranial nerves. Untreated, one small series showed survival rates ranging from five to over twenty years, though most suffered unilateral blindness as well as paresis of extraocular movements.

see [Medial sphenoid wing meningioma treatment](#).

With the improved requirement of postoperative quality of life in patients, intentional incomplete resection should be considered as an acceptable treatment option. Multivariate analysis confirmed that incomplete resection, poor blood supply, lack of adhesion or encasement of adjacent structure were independent predictive factors for favorable postoperative quality of life. An individual treatment strategy could help improved quality of life ²⁾.

Surgery

see [Lateral sphenoid wing meningioma surgery](#).

1)

Al-Mefty, O, ed. Meningiomas. New York: Raven Press, 1991.

2)

Ouyang T, Zhang N, Wang L, Li Z, Chen J. Sphenoid wing meningiomas: Surgical strategies and evaluation of prognostic factors influencing clinical outcomes. Clin Neurol Neurosurg. 2015 May 4;134:85-90. doi: 10.1016/j.clineuro.2015.04.016. [Epub ahead of print] PubMed PMID: 25974397.

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