Spinal cord hemangioblastoma treatment

Although radiosurgery has been used to treat multiple hemangioblastoma, particularly in the cerebellum, complete microsurgical removal is the treatment of choice for spinal cord hemangioblastoma [1].

Partial resection or biopsy may cause postoperative bleeding and should therefore not be performed. Bleeding during dissection, due to the vascularity of HBs, increases the risk of adverse events.

A minimally invasive approach for the resection of selected spinal hemangioblastomas is safe and allows complete tumor resection with good clinical results in experienced hands [2].

<html><iframe width="420" height="315" src="https://www.youtube.com/embed/l7DxqRrfTxc" frameborder="0" allowfullscreen></iframe></html>

They are almost always associated with a syrinx or significant edema.

Cases associated with edema and syrinx are more space-occupying than those only with solid part of the tumor. Consequently, the mass effect producing neurological symptoms derives from the cyst rather than the tumor itself. On the removal of hemangioblastomas in association with a syrinx, the syrinx is spontaneously opened and always stops growing and usually regresses in size. Thus, the additional opening of the syrinx or surgical removal of the syrinx is not necessary [3].

Preceding Embolization

Although some investigators recommend preoperative embolization, [4] [5] in the series of Harati et al. it was usually not necessary to achieve complete resection [6]. This is in concordance to several other series so that preoperative embolization is generally not recommended [7] [8] [9] [10] [11]. To prevent intraoperative bleeding in selected cases, temporary artery occlusion was performed. This technique is described in detail by Clark et al. [12].

Indocyanine green videoangiography for spinal cord hemangioblastoma

see Indocyanine green videoangiography for spinal cord hemangioblastoma

Radiosurgery

Cyberknife radiosurgery has proven to be safe in the treatment of spinal HBs [13]. However, as radiographic regression was achieved in only 22%, microsurgical resection remains the gold standard for spinal HBs that are clearly symptomatic or have developed radiographic progression in size, spinal

cord edema, or syrinx [14) 15) 16)].

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