Spinal meningioma recurrence

- Pulsed reduced dose rate radiotherapy: a narrative review
- Transient cortical blindness following occipital lobe retraction in a pineal region meningioma resection
- Peptide Receptor Radionuclide Therapy in Patients with Advanced, Recurrent or Progressive Meningioma: An Updated Systematic Review and Meta-Analysis
- The dural tail in intracranial meningioma: Heads up or tail down? A systematic review of the literature
- Management of skull base meningiomas with extracranial extension: resection, recurrence, and prognostic factors
- Solitary brain metastasis mimicking meningioma as the initial presentation of concurrent pulmonary and breast sarcomatoid carcinoma in a male patient: A rare entity with literature review
- Face the Pain: Radiobiological and Clinical Considerations of Re-radiosurgery to the Trigeminal Nerve Following Irradiation of an Abutting Petroclival Meningioma
- Decoding meningioma prognosis with multi-omics: macrophage diversity, immune-CNV interplay, and novel SPP1-targeted strategies

Clinical data of 44 cases who underwent surgery for spinal meningiomas between 2010 and 2020 have been reviewed retrospectively. Demographics, preoperative and postoperative clinical states, pathologic type, location of the meningioma relative to the spinal cord, resection amount of the tumor according to Simpson's grading scale, postoperative complications, recurrence rate, and correlation between preoperative and intraoperative data and recurrence were analyzed.

The tumor was located in the thoracic spine in 31 cases, in the cervical spine in 12 cases, and in the lumbar spine in one case. Dural attachment of tumor was ventral to the spinal cord in 15 cases, lateral to the spinal cord in 15 cases, and posterior to the spinal cord in 14 cases. All cases underwent microsurgical Simpson grade 2 resection. Two cases were recurrent and reoperated. Recurrences were observed in cases younger than 18 years old, in cervical spines and in cases with long dural tails.

Simpson Grading System 2 resection is safe and effective in spinal meningiomas. Patients younger than 18 year old, and those with cervical location and long dural tail may be under risk of Spinal meningioma recurrence after Simpson grade 2 resection [1)].

1)
Sarıkaya C, Ramazanoğlu AF, Yaltırık CK, Etli MU, Önen MR, Naderi S. Short-Term Results of Simpson Grade 2 Resection in Spinal Meningiomas. World Neurosurg. 2023 Mar;171:e792-e795. doi: 10.1016/j.wneu.2022.12.115. Epub 2022 Dec 30. PMID: 36587895.