

Spinal meningioma surgery

- Predicting intraoperative meningioma consistency using features from standard MRI sequences: a preoperative evaluation
- Simultaneous surgical management of a giant tuberculum sellae meningioma and pregnancy-related complications: a case report and literature review
- Management of skull base meningiomas with extracranial extension: resection, recurrence, and prognostic factors
- Impact of tumor size and peritumoral edema on outcomes and complications in anterior midline skull base meningiomas
- 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
- Risk factors for postoperative thrombotic complications after meningioma resection: a retrospective single-center study in China
- Surgical Management of a Painful Temporal Bone En Plaque Meningioma: A Case Report and Review of the Literature
- An invisible enemy. Echoacousis and aphasia as a rare presentation of a non convulsive status epilepticus. Clinical case

Onken et al., reported on their surgical [experience](#) that involves two [institutions](#) in which 207 [patients](#) underwent surgery for [spinal meningiomas](#) (sMNGs) . Special focus was placed on patients with sMNGs localized anterior to the [denticulate ligament](#) (aMNGs) that were treated via a unilateral posterior approach (ULPA).

The duration of surgery, [extent of resection](#), and outcomes are comparable between aMNGs and posterior to the [denticulate ligament](#) (pMNGs) when removed via a ULPA. Thus, ULPA represents a safe route to achieve a gross-total resection, even in cases of aMNG ¹⁾.

Posterior approaches provide adequate exposure to safely remove ventrally located [spinal meningioma](#). Posterior exposures with lateral bone resection, [denticulate ligament](#) division, provide also adequate exposure for safe removal ²⁾.

Timing

Early surgical intervention for SM, before the development of severe neurological deficits, should be considered as it is associated with a favorable neurological outcome and quality of life ³⁾.

Technique

[Spinal meningioma surgical technique](#).

¹⁾

Onken J, Obermüller K, Staub-Bartelt F, Meyer B, Vajkoczy P, Wostrack M. Surgical management of

spinal meningiomas: focus on unilateral posterior approach and anterior localization. J Neurosurg Spine. 2018 Dec 1:1-6. doi: 10.3171/2018.8.SPINE18198. [Epub ahead of print] PubMed PMID: 30544344.

²⁾

Notani N, Miyazaki M, Kanazaki S, Ishihara T, Kawano M, Tsumura H. Surgical management of ventrally located spinal meningiomas via posterior approach. Eur J Orthop Surg Traumatol. 2017 Feb;27(2):181-186. doi: 10.1007/s00590-016-1860-1. PubMed PMID: 27671472.

³⁾

Schwake M, Said W, Gallus M, Maragno E, Schipmann S, Spille D, Stummer W, Brokinkel B. Timing of Resection of Spinal Meningiomas and Its Influence on Quality of Life and Treatment. Cancers (Basel). 2024 Jun 26;16(13):2336. doi: 10.3390/cancers16132336. PMID: 39001397; PMCID: PMC11240410.

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