

Stereotactic radiosurgery for ganglioglioma

The optimal [intracranial ganglioglioma treatment](#) for recurrent and residuals remains unclear. The aim of a study of Mantziaris et al. was to evaluate the safety and efficacy of [stereotactic radiosurgery](#) (SRS) in the management of patients with recurrent or residual [intracranial ganglioglioma](#).

This retrospective multicenter study involved patients managed with SRS for [ganglioglioma](#). The study endpoints included local tumor control and tumor- or SRS-related neurological morbidity following treatment. Factors associated with tumor progression and neurological morbidity were also analyzed.

The cohort included 20 patients (11 males [55%]) with a median age of 24.5 (IQR 14) years who had been managed with SRS for ganglioglioma. Five-year radiological progression-free survival was 85.6%. After SRS, 2 patients (10%) experienced transient neurological deterioration. At a median clinical follow-up of 88.5 (IQR 112.5) months, 1 patient (5%) experienced seizure worsening and 1 (5%) required further resection of the tumor because of radiological progression. No mortality was noted in this series.

SRS appears to be a safe and effective treatment option for surgically inaccessible, recurrent, and residual gangliogliomas. In this series, the 5-year progression-free survival rate after SRS was 85.6%. Gross-total resection remains the primary treatment of choice for patients with newly diagnosed or recurrent ganglioglioma. SRS may be considered for patients unfit for surgery and those with surgically inaccessible newly diagnosed, residual, and recurrent lesions ¹⁾.

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Mantziaris G, Diamond J, Pikis S, El Hefnawi FM, Al Sideiri G, Coupé FL, Mathieu D, Lee CC, May J, Liščák R, Peker S, Samanci Y, Niranjan A, Lunsford LD, Sheehan JP. Radiological and clinical outcomes of stereotactic radiosurgery for gangliogliomas: an international multicenter study. J Neurosurg. 2022 Mar 25;1-6. doi: 10.3171/2022.2.JNS212813. Epub ahead of print. PMID: 35334469.

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