

Supratotal resection

The literature suggests insufficient evidence for carte blanche application of [supratotal](#) resection, particularly in lower-grade gliomas where neurological deficits can result in long-term disability. While the preliminary studies discussed here, containing data from only a few centers, have reported increased progression-free and overall survival, these claims require validation in prospective research studies involving larger patient populations with clearly defined appropriate outcome metrics in order to reduce potential bias ¹⁾.

The postoperative [seizure](#) freedom represents an important secondary outcome measure in [glioblastoma](#) surgery. Supra-total glioblastoma resection in terms of [anterior temporal lobectomy](#) (ATL) has gained growing attention with regard to superior long-term disease control for temporal-located glioblastoma compared to conventional [gross total resections](#) (GTR). However, the impact of ATL on seizure outcome in these patients is unknown.

In a study of Borger et al. from the [University Hospital Bonn](#). in terms of a [supratotal resection](#) strategy was associated with superior favorable seizure outcome following temporal glioblastoma resection compared to GTR. Regarding the above-mentioned survival benefit following ATL compared to GTR, ATL as an aggressive supra-total resection regime might constitute the surgical modality of choice for temporal-located glioblastoma ²⁾.

¹⁾

de Leeuw CN, Vogelbaum MA. Supratotal resection in glioma: a systematic review. *Neuro Oncol*. 2019 Feb 14;21(2):179-188. doi: 10.1093/neuonc/noy166. PMID: 30321384; PMCID: PMC6374756.

²⁾

Borger V, Hamed M, Ilic I, Potthoff AL, Racz A, Schäfer N, Güresir E, Surges R, Herrlinger U, Vatter H, Schneider M, Schuss P. Seizure outcome in temporal glioblastoma surgery: lobectomy as a supratotal resection regime outclasses conventional gross-total resection. *J Neurooncol*. 2021 Feb 7. doi: 10.1007/s11060-021-03705-x. Epub ahead of print. PMID: 33554293.

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