

Third Ventricular Subependymoma

Systematic reviews

Third ventricle involvement has been described rarely. This study's aim is to provide the first systematic review on third ventricular subependymomas (TVSE) by analyzing all reported cases over two decades and describing a case example.

MEDLINE and EMBASE databases were searched for the twenty years ending January 1, 2022, using relevant MeSH and non-MeSH terms, including "subependymoma," and "third ventricle." Methodology followed PRISMA guidelines.

Of 804 identified studies, 131 met inclusion eligibility. The literature yielded 17 TVSE patients plus our example (18 total). 83% (15/18) presented in adulthood (average age 42 ± 19 years), of which 73% were women. The pediatric cohort age was 5 ± 1 year, 67% (4/6) of which were girls. The most common presenting symptom in both cohorts was headache (80%), followed by memory disturbances and vomitus. In adults, symptomatic tumors were approached by open craniotomy in all but one case, most using a transcallosal approach. Gross total resection (GTR) was obtained in 73%. A ventriculoperitoneal shunt was inserted in 2/15 adult and 4/6 pediatric cases. Overall, both cohorts showed symptomatic improvement without disease recurrence. One patient expired peri-operatively.

Subependymomas should be considered in the differential diagnosis of [third ventricular tumors](#). TVSE's clinical presentation mainly parallels hydrocephalus symptoms, hence awareness is of vital importance for timely treatment. Surgical goal should be GTR, which can be curative and offers greatest clinical improvement across the population ¹⁾.

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Carr MT, Hernandez-Marquez GC, Vij M, Chin X, Delman BN, Umphlett M, Germano IM. Third Ventricular Subependymomas: Clinical features and Outcomes over Two Decades. World Neurosurg. 2023 Mar 12:S1878-8750(23)00326-1. doi: 10.1016/j.wneu.2023.03.031. Epub ahead of print. PMID: 36918095.

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