Vestibular schwannoma conservative treatment

see Vestibular schwannoma natural history.

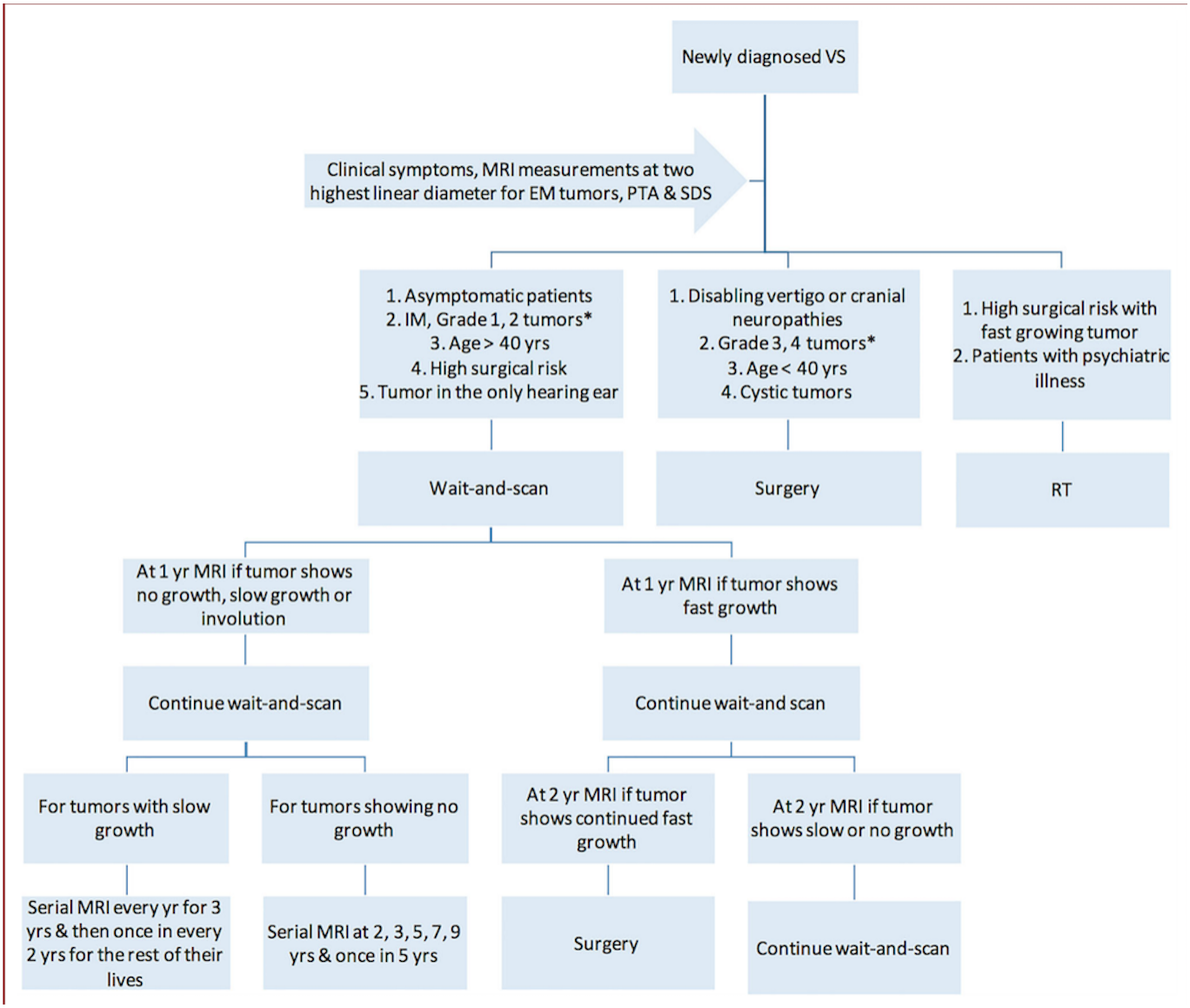
There is a continuing trend toward nonsurgical management, with approximately half of the patients opting for nonsurgical management. In a cohort, the patients commonly presented with otologic symptoms and otolaryngologists made the most diagnoses. Neurotologists and neurosurgeons were the most influential in treatment discussion [1)].

The reported rate of spontaneous shrinkage of vestibular schwannoma in a review of Huang et al. in 2013 was 5-10% of patients managed conservatively. Extreme shrinkage of the tumor may occur spontaneously [2)].

Vestibular schwannoma growth is usually manifest in the first 3 years after presentation.

Martin et al. recommended in 2009 an initial magnetic resonance imaging scan at 6 months, with scans to take place at annual intervals for 2 years. A further scan 2 years later will identify any patient with indolent tumors. Thereafter, follow-up should be lifelong every 5 years. Cystic tumors represent a particular threat to patients and should only be treated conservatively with caution [3)].

Most reports on wait-and-scan in the literature describe results of VS over different time periods and do not analyze a specific subset of tumors that have been followed-up for 5 yr or longer. This is exclusive to the study of Prasad et al. from the Department of Neurotology and Skull Base Surgery, Gruppo Otologico, Piacenza-Rome, Italy and Department of Otolaryngology-Head and Neck Surgery, Military Hospital, Hisar, India, and gives valuable information. They discuss there own selection criteria for wait-and-scan modality, present long-term outcomes, compare there results with the literature, and try to find an answer to the all-important question “is there a price to pay?” in wait-and-scan.



EM: Extrameatal

IM: Intrameatal

PTA: Pure tone audiometry

SDS: Speech discrimination score

Grading: see Koos grading scale [4].

1)
Goshtasbi K, Abouzari M, Moshtaghi O, Sahyouni R, Sajjadi A, Lin HW, Djalilian HR. The changing landscape of vestibular schwannoma diagnosis and management: A cross-sectional study. Laryngoscope. 2019 Apr 5. doi: 10.1002/lary.27950. [Epub ahead of print] PubMed PMID: 30953401.
2)
Huang X, Caye-Thomasen P, Stangerup SE. Distinct spontaneous shrinkage of a sporadic vestibular schwannoma. Auris Nasus Larynx. 2013 Apr;40(2):243-6. doi: 10.1016/j.anl.2012.01.011. Epub 2012 Aug 1. Review. PubMed PMID: 22858145.
3)
Martin TP, Senthil L, Chavda SV, Walsh R, Irving RM. A protocol for the conservative management of

vestibular schwannomas. Otol Neurotol. 2009 Apr;30(3):381-385. PubMed PMID: 19326500.
4)

Prasad SC, Patnaik U, Grinblat G, Giannuzzi A, Piccirillo E, Taibah A, Sanna M. Decision Making in the Wait-and-Scan Approach for Vestibular Schwannomas: Is There a Price to Pay in Terms of Hearing, Facial Nerve, and Overall Outcomes? Neurosurgery. 2018 Nov 1;83(5):858-870. doi: 10.1093/neuros/nyx568. PubMed PMID: 29281097.