2025/06/26 21:04 1/2 Vestibular schwannoma outcome

Vestibular schwannoma outcome

see also Spontaneous Vestibular Schwannoma Regression.

As approximately two-thirds of vestibular schwannomas do not grow after initial diagnosis within the lifetime of the patient, many small tumors are managed by observation with serial imaging 1) 2) 3).

Further examination of how patients with VS perceive their disease, cope with illness and use social support networks may also help to inform future practice and the creation of decision analytical models ⁴⁾.

It is evident that surgical morbidity increases with both the size of the tumor and the extent of its removal ^{5) 6)}.

Surgical removal of vestibular schwannoma causes acute vestibular symptoms, including postoperative vertigo which is the most negative factor affecting quality of life in patients after vestibular schwannoma surgery.

The main aim of a study was to determine whether the results from routine electronystagmography with pathological visually-provoked responses can predict poor postoperative compensation. We also investigate whether postoperative central compensation is related to objective parameters such age, tumour size, length of surgery and persistent nystagmus. According to the results from preoperative electronystagmography, patients were divided into three groups: peripheral, central and combined vestibular syndrome. Signs of central compensation were evaluated by the presence of postoperative nystagmus, vertigo, deviation of subjective visual vertical and head impulse test. There were no statistically significant differences between groups in observed signs of compensation. These results suggest that pathological central oculomotor parameters are not a negative predictive factor for central vestibular compensation ⁷⁾.

Quality of life

see Vestibular schwannoma quality of life

Tumor control

see Recurrent vestibular schwannoma

Facial nerve palsy

Hearing preservation

see Hearing Preservation in Vestibular Schwannoma

Trigeminal nerve deficit

Microsurgery

Complications

see Vestibular schwannoma surgery complications.

Vestibular schwannoma malignant transformation

Vestibular schwannoma malignant transformation

References

1)

Nikolopoulos T P, Fortnum H, O'Donoghue G, Baguley D. Acoustic neuroma growth: a systematic review of the evidence. Otol Neurotol. 2010;31(3):478–485.

Verma S, Anthony R, Tsai V, Taplin M, Rutka J. Evaluation of cost effectiveness for conservative and active management strategies for acoustic neuroma. Clin Otolaryngol. 2009;34(5):438–446.

Solares C A, Panizza B. Vestibular schwannoma: an understanding of growth should influence management decisions. Otol Neurotol. 2008;29(6):829–834.

Broomfield SJ, O'Donoghue GM. Self-reported symptoms and patient experience: A British Acoustic Neuroma Association survey. Br J Neurosurg. 2015 Nov 2:1-8. [Epub ahead of print] PubMed PMID: 26523744.

Park C K, Jung H W, Kim J E, Son Y J, Paek S H, Kim D G. Therapeutic strategy for large vestibular schwannomas. J Neurooncol. 2006;77(2):167–171.

Bloch O, Sughrue M E, Kaur R, et al. Factors associated with preservation of facial nerve function after surgical resection of vestibular schwannoma. J Neurooncol. 2011;102(2):281–286.

Čada Z, Balatková Z, Čakrt O, Hrubá S, Komarc M, Plzak J, Černý R. Predictors of central vestibular compensation after surgery for vestibular schwannomas. Acta Otorhinolaryngol Ital. 2019 Feb;39(1):46-52. doi: 10.14639/0392-100X-1963. PubMed PMID: 30936578; PubMed Central PMCID: PMC6444164.

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