



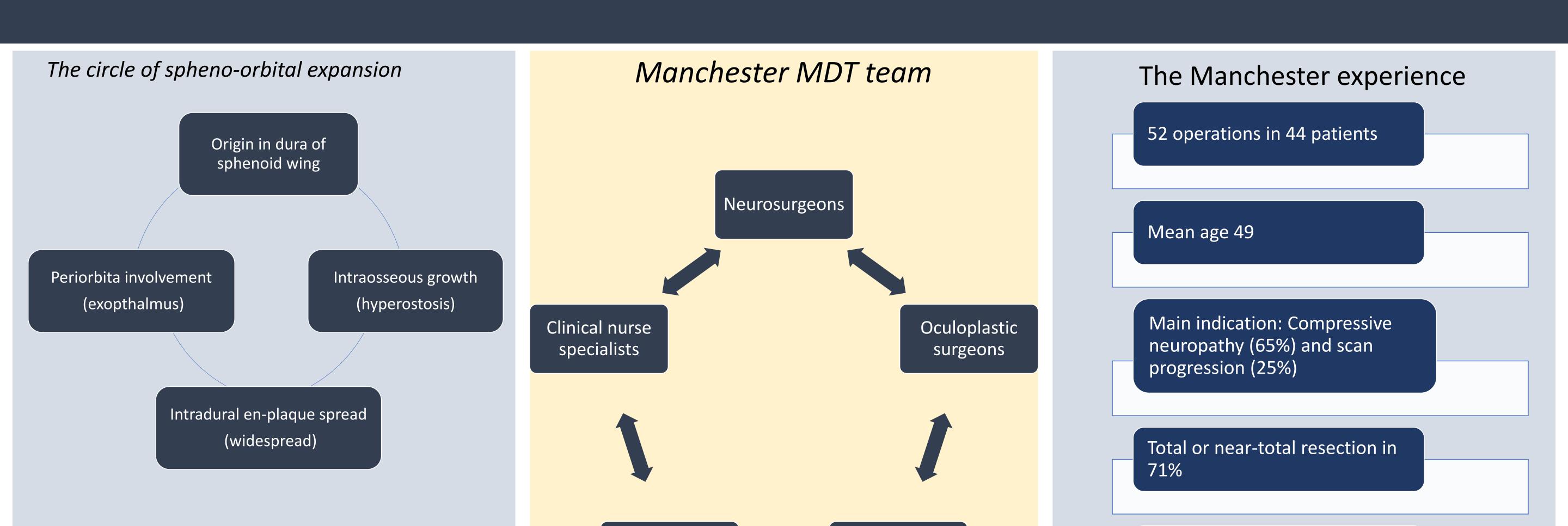
Multidisciplinary management of Spheno-orbital meningiomas



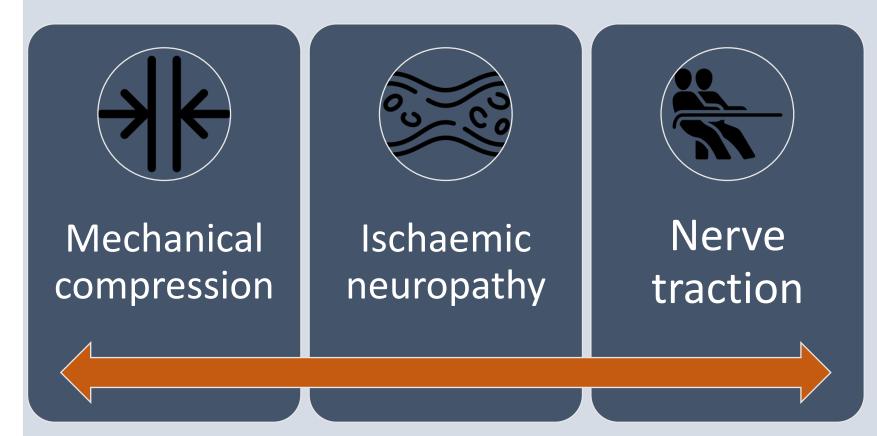


Geoffrey Jefferson Brain Research Centre

Long-term vision preservation and tumor control rates very good with multidisciplinary management and multimodality treatment



Vision Compromise mechanism



Management options







Watch & re-scan Majority progress





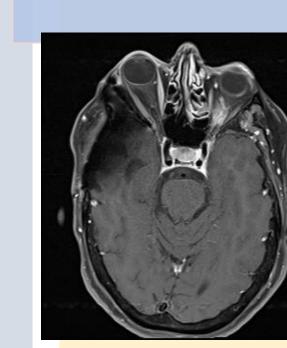
Surgery



Difficult to resect completely Neurovascular structures









Near-total

Small volume tumour in

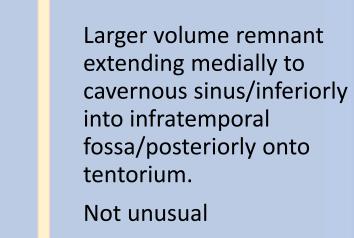
intraosseous tumour in

The "usual", a maximum

SOF/cavernous sinus/

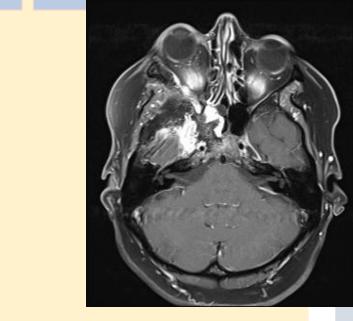
orbital apex &/or

skull base.



Subtotal

Orthoptists



Radiotherapy in 42% of patients (only 1 primary)

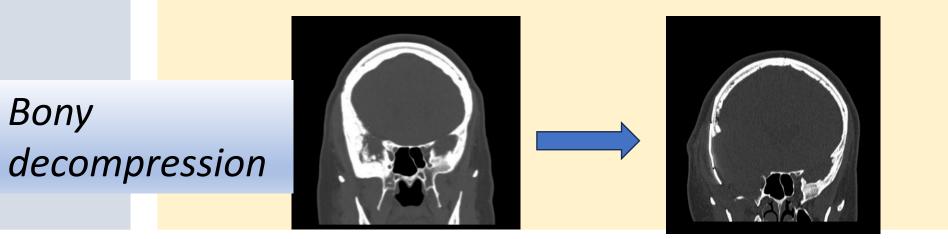
Vision improved or remained stable in 89% of patients

Proptosis improved or resolved in 70%

Mean f/u 207 months

Take home messages

- Young female preponderant condition, majority with visual compromise at presentation
- Mandates multidisciplinary working, particularly ophthalmic assessment
- Aim of treatment is preservation of vision not tumour cure
- Surgery should be maximal safe



Clinical

oncologists

Types of resection

Total

All involved bone. dura

A rare experience intra-op

assessment and post-op

and orbital tumour.

scan

resection focusing on wide bony decompression Adjuvant radiotherapy has important role for remnant or regrowing tumour

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