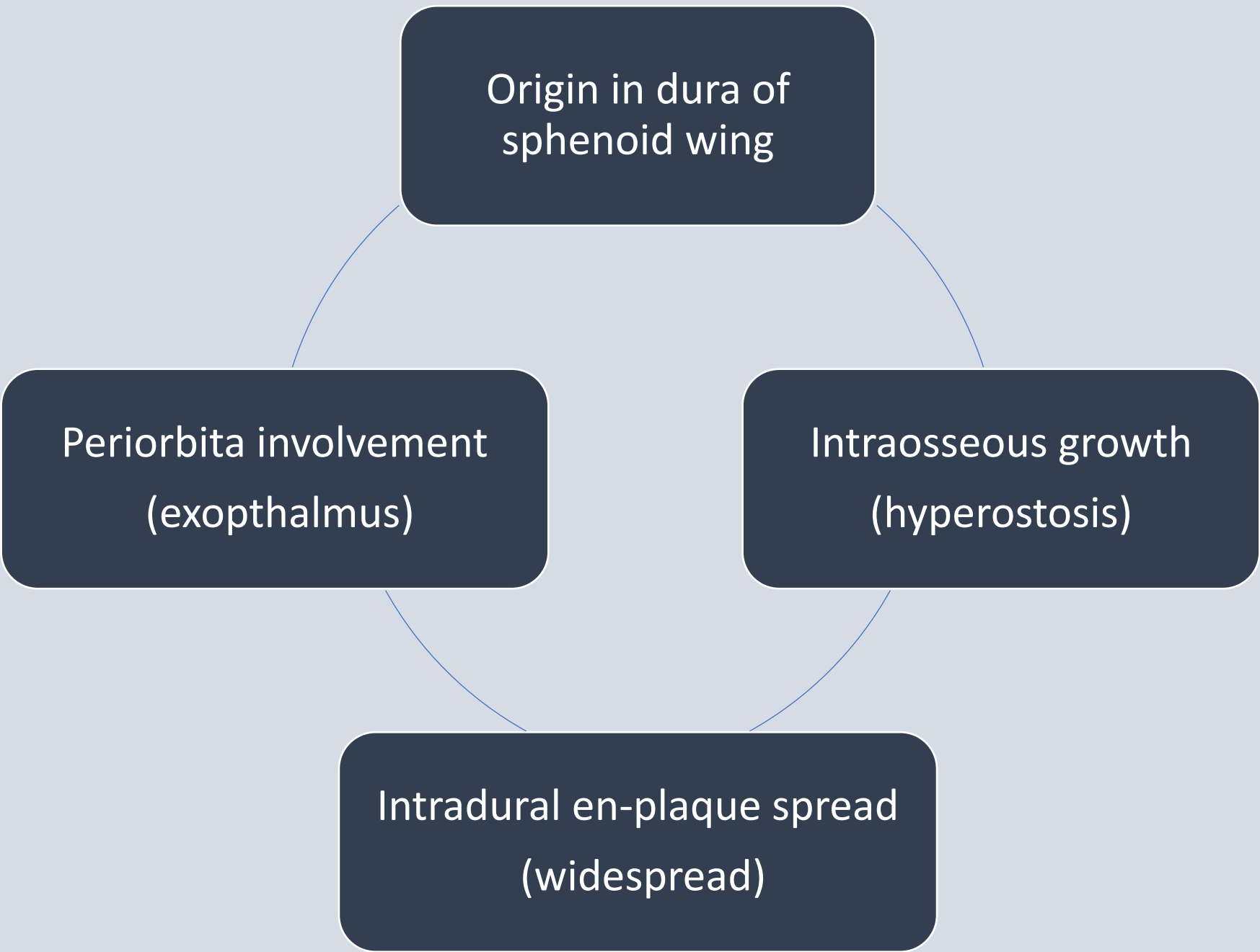


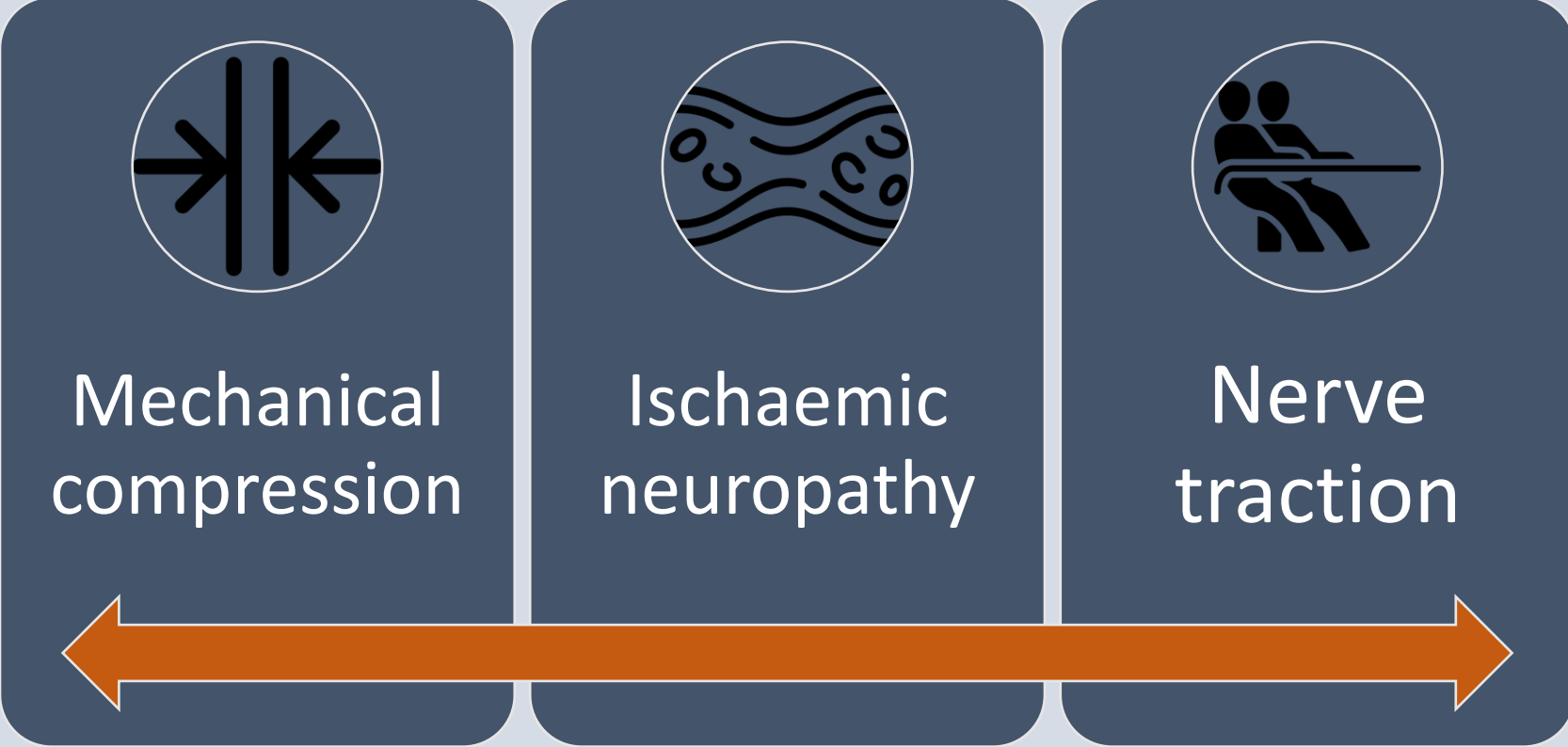
Multidisciplinary management of Spheno-orbital meningiomas

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

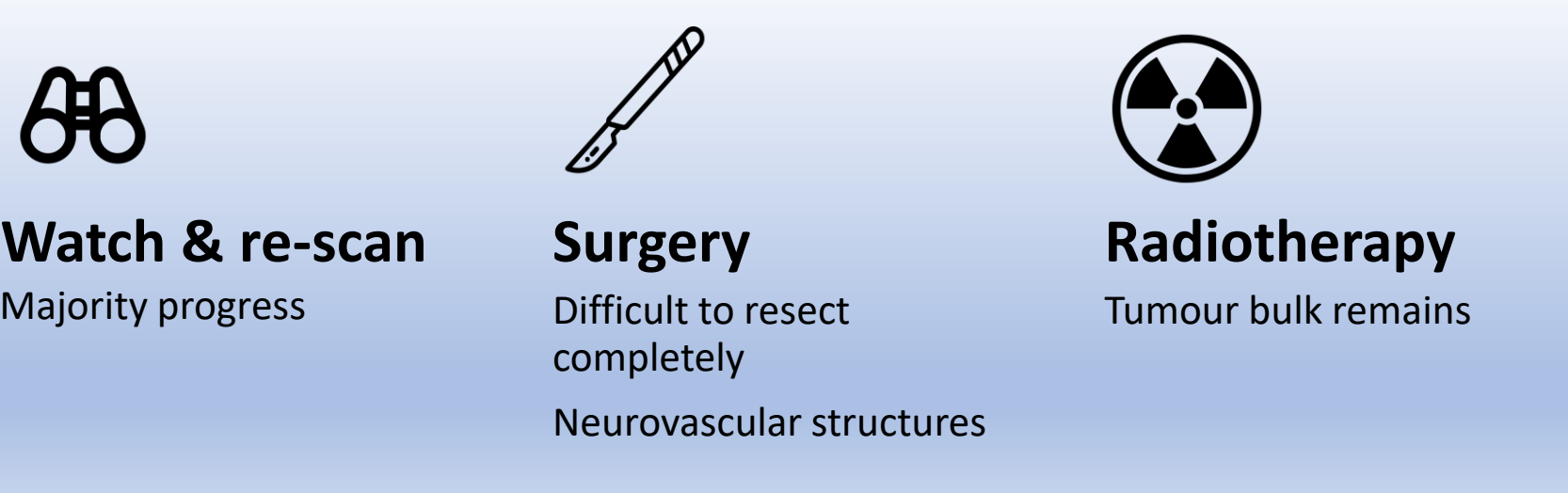
The circle of spheno-orbital expansion



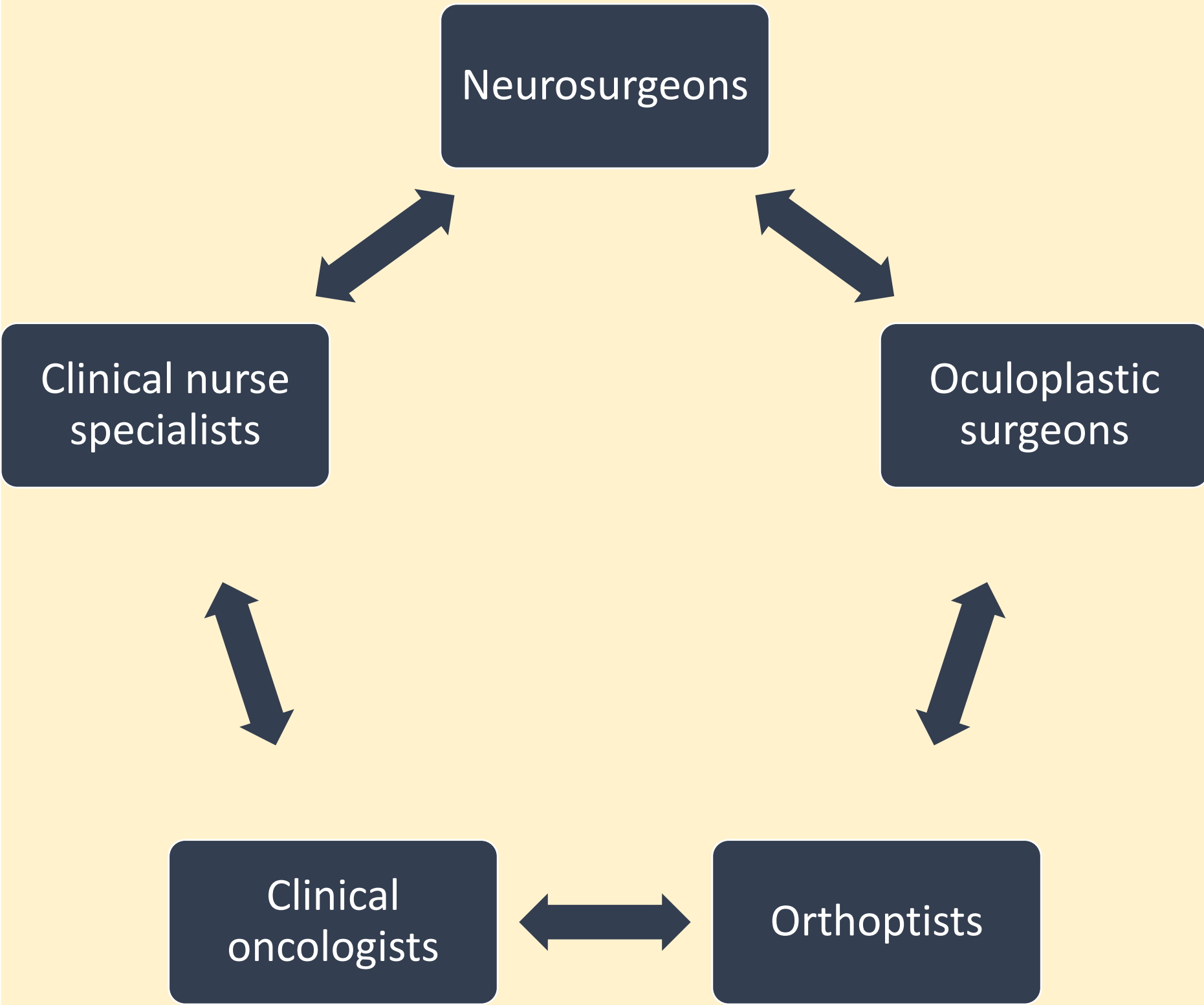
Vision Compromise mechanism



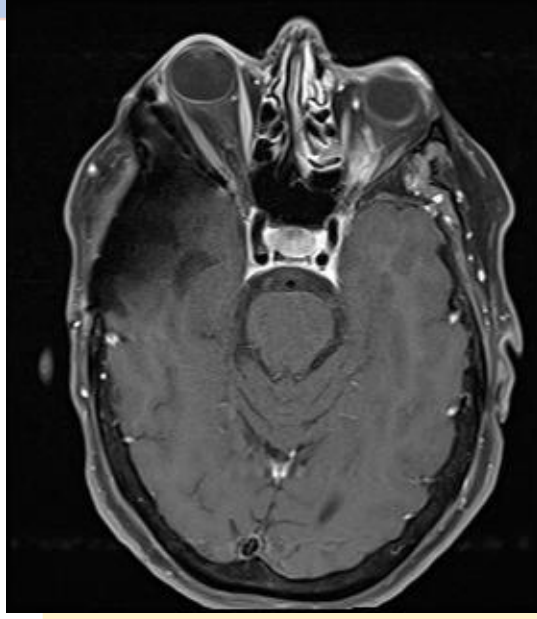

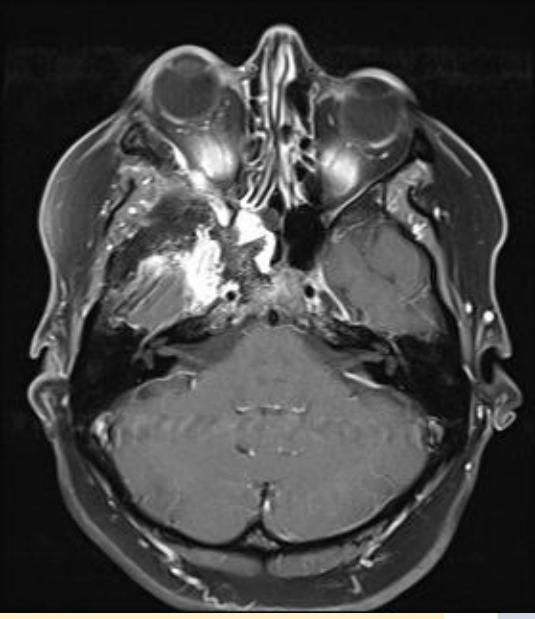
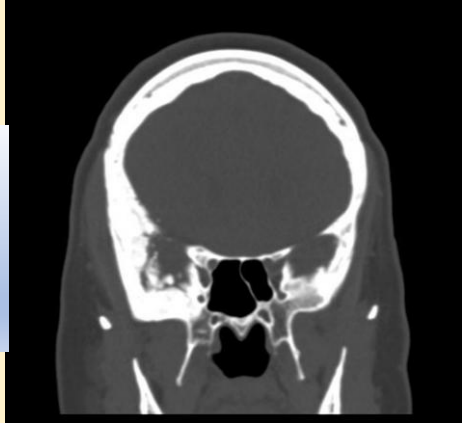

Management options



Manchester MDT team

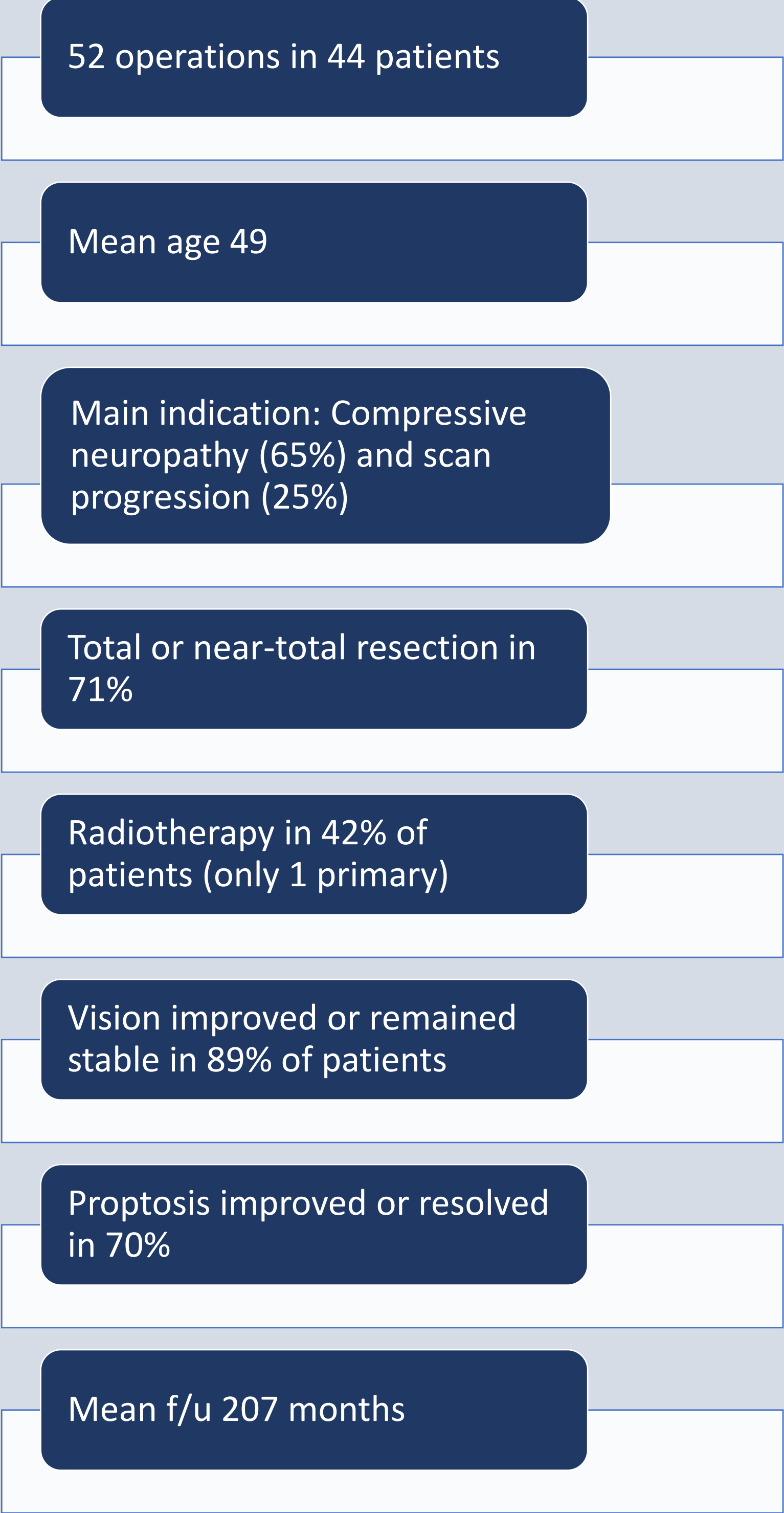


Types of resection

Total	Near-total	Subtotal
All involved bone, dura and orbital tumour. A rare experience intra-op assessment and post-op scan	Small volume tumour in SOF/cavernous sinus/ orbital apex &/or intraosseous tumour in skull base. The “usual”, a maximum safe resection	Larger volume remnant extending medially to cavernous sinus/inferiorly into infratemporal fossa/posteriorly onto tentorium. Not unusual
		
		

Bony decompression

The Manchester experience



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