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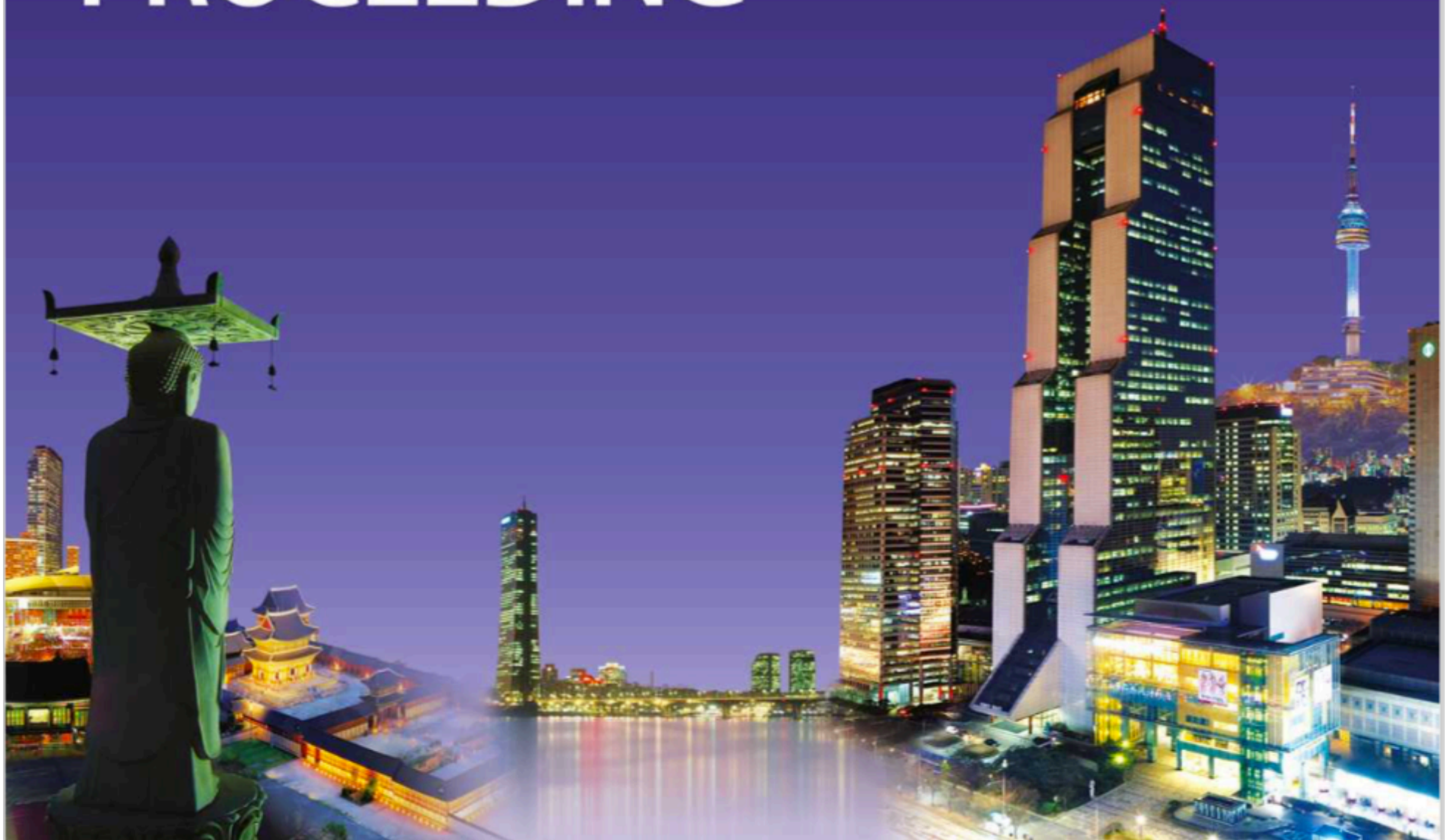
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Intraventricular Brain Tumors: Surgical Results

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Introduction :

Intraventricular brain tumors account for approximately 10% of all tumors of the nervous system. Despite the fact that some of these tumors are aggressive high grade lesions, most of them are histologically benign and potentially curable after surgical resection. The aim of the current study was to identify patterns of results of surgical treatment of patients with intraventricular tumors, depending on the lesion location and its degree of differentiation.

Material and Method :

A retrospective analysis of 44 consecutive surgical interventions on intraventricular brain tumors that were treated at the Uzhhorod Regional Clinical Center of Neurosurgery and Neurology in the period from January 2004 to December 2012. Tumor localisation was as follows: the fourth ventricle - 25 (57%), third ventricle - 11 (25%), lateral ventricles - 8 (18%). Histological structure of the tumors: ependymoma - 12 (27.3%), colloid cyst - 7 (16.0%), medulloblastoma - 7 (16.0%), astrocytoma - 6 (13.7%), choroid plexus papilloma - 4 (9.1%), meningioma - 3 (6.9%), choroid plexus carcinoma - 1 (2.2%), teratoma - 1 (2.2%), central neurocytoma - 1 (2.2%), dermoid cyst - 1 (2.2%), chordoid glioma of the third ventricle - 1 (2.2%).

Results :

The total tumor removal was achieved in 33 patients (75%), of whom in 29 (87.8%) the degree of tumor differentiation was grade I-II. Postoperative mortality was 6.8% (3 patients), of which 2 (66%) - with the localization of the tumor in the third and fourth ventricles. The results of treatment were assessed according to Karnofsky scale: more than 60 points - 39 (88.6%), less than 60 points - 5 (11.4%) patients.

Conclusions :

Acceptable results of surgical treatment of intraventricular brain tumours are in direct dependence from the tumor localisation and its histological structure. The most unfavorable factor is the localization of tumors in close proximity to the brainstem and the low degree of tumor differentiation.