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C0441 - ANTERIOR SKULL BASE MENINGIOMAS: SUPERIOR INTERHEMISPHERIC APPROACH AND THE CLASSICAL SURGICAL APPROACHES. CLINICAL OUTCOMES

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Resumen

Objectives: Different surgical approaches have been used to remove anterior skull base meningiomas (ASBMs) such as olfactory groove (OGM) and tuberculum sellae (TSM) meningiomas. Our main objective is to report clinical outcomes of different approaches for the removal of midline ASBMs and to establish the efficacy of the IH approach compared with the other traditional approaches.

Methods: The medical charts of patients with an ASBMs were retrospectively analyzed.

Results: 74 patients (51: women) had either an OGM (43) or a TSM (31). Mean size (MS) 35.5 mm. The approaches used were respectively: Interhemispheric (n = 15, MS: 39.8), Pterional (n = 35 MS: 32.2), Subfrontal (n = 16 MS: 43.4), Endoscopic Endonasal (n = 3 MS: 25), Lateral Supraorbital (n = 2 MS: 20.5), Frontolateral (n = 2 MS: 28) and combined IH/SF (n = 1) approaches. Mean operative time was 356 min; with a significantly shorter mean time for the IH (329 min) over the SF (468 min) (p = 0.02). Gross total resection (Simpson 1/2) was achieved through; IH 93.3%, PT 80%, SF 87.5% (p = 0.45); and EE 100%, LS 100% FL 0% (p = 0.03). Visual Improvement/Stabilization was achieved through IH, PT and SF in respectively: 100%, 88.2%, 81.2% (p = 0.42). Olfactory preservation was present in 80% (IH), 91.1% (PT) and 62% (SF) (p = 0.14). CSF leakage developed in 7 patients (IH: 1, PT: 2, SF: 2, EE: 1, FL: 1; p = 0.23). Memory problems were noted postoperatively in 4 patients (1 IH, 2 PT, 1 SF, p = 0.99).

Conclusions: The interhemispheric approach can be used safely and routinely for midline ASBMs with a high rate of gross total resection, an excellent visual outcomes and a low morbidity rate. The results of this limited series should be confirmed in larger studies.