



Long-Term Follow-Up and Predictors of Functional Outcome after Surgery for Spinal Meningiomas: A Population-Based Cohort Study

Pettersson-Segerlind, J.; Fletcher-Sandersjö, A. et al.
Cancers 2021,

Cervical Spine Research Society - Europe

Disclosures



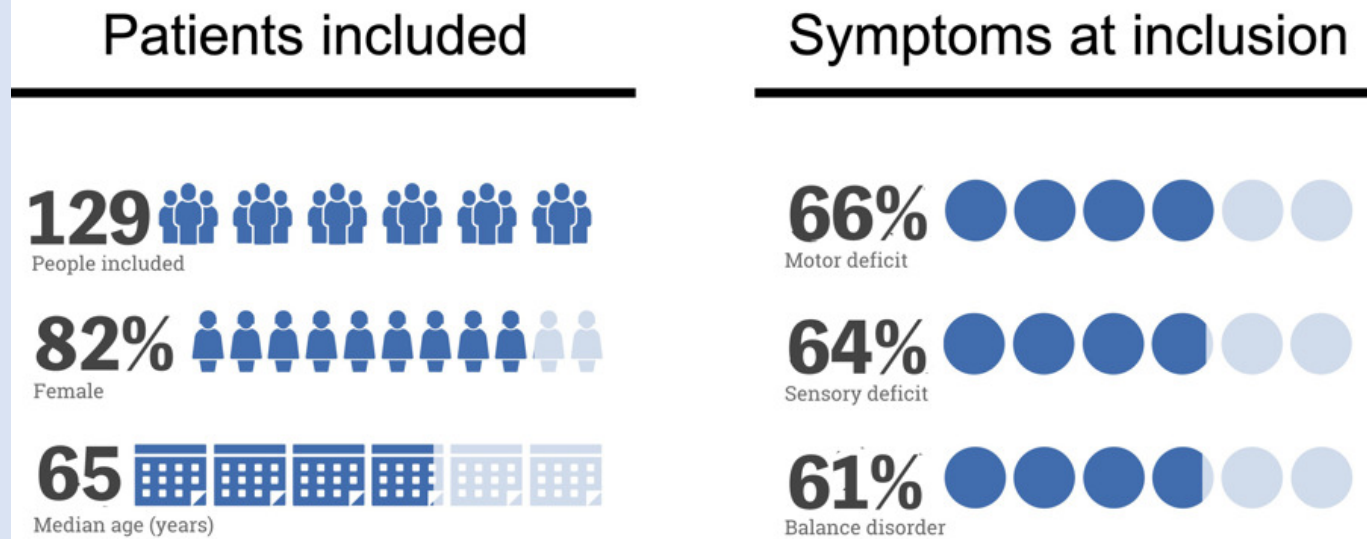
Nothing to disclose

Introduction & Background

- Spinal meningiomas are the most common adult primary intradural spinal tumors
- Usually present with progressive neurological dysfunction
- Few long-term follow-up studies regarding Recurrence and Outcome
- Few studies on elderly (≥ 70 y)

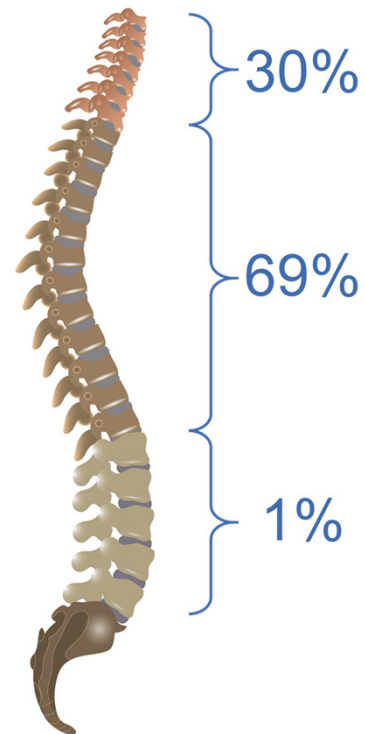
Materials and Methods

- 129 surgically treated patients at the Karolinska Univ. Hosp. (2005-2017)
- Patient files, Imaging data
- Median follow-up time 8,2 years
- Elderly (≥ 70 y) = 36%

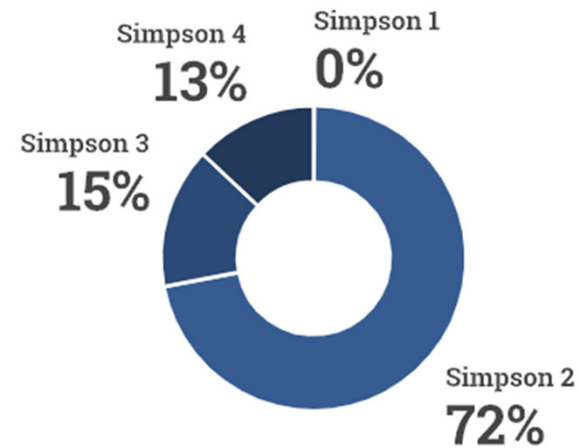


Results

Tumor location



Simpson grade

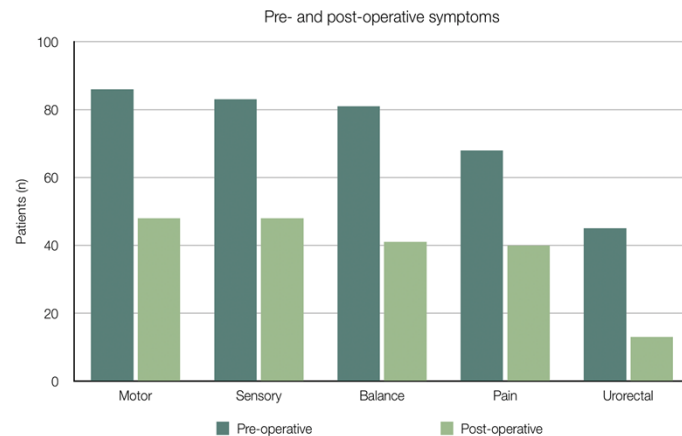


Mean Simpson grade 2.4 ± 0.7

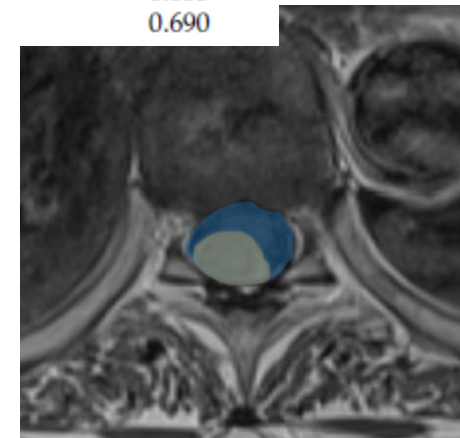
Results

Predicting Clinical Improvement

Pre- and Postop symptoms



Variable	p-Value
Elderly	0.646
Male sex	0.330
ASA class ≥ 3	0.589
Months to surgery	0.005
Cervical tumor	0.830
Anterior tumor	0.734
Tumor area (cm ²)	0.030
Spinal cord compression (%)	<0.001
MIB1 index	0.053
Simpson grade ≥ 3	0.690



Conclusion/discussion

- Surgery is associated with significant improvement
- Predictors of outcome:
 - Short time to surgery
 - Spinal cord compression (independent predictor)
- No significant differences between elderly or non-elderly (postop complications, tumor control, improvement)

36th ANNUAL MEETING

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