

A Retrospective Study on Gadolinium-Based Contrast Agents and Their Role in the Management of Asymptomatic Meningiomas

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Introduction

- Gadolinium-based contrast agents (GBCA) are necessary to enhance MRI studies
- GBCA deposits in the brain[1-4] and dechelated gadolinium is toxic[5,6]
- Patients with meningiomas require regular MRIs over decades

Objective

- Can we *eliminate* gadolinium contrast agents from the surveillance monitoring of asymptomatic convexity meningiomas?
- Chose a tumor type for which surgical resection is not immediately indicated

Methods

- IRB-approved retrospective chart review: 106 MR sequences from 18 patients
- Inclusion criteria: 1) adult patients 2) asymptomatic convexity meningiomas 3) baseline contrast-enhanced and non-contrast axial MRI imaging of the brain
- Exclusion criteria: 1) baseline or follow-up axial images not available 2) baseline scan obtained without contrast 3) diagnosis of meningioma was later disputed.
- Percent tumor growth measured by comparing cross-sectional area measured from earliest vs most recent scan.
- Change in tumor size was compared using T1+ contrast, T2, and T2 FLAIR sequences.



The same tumor can be visualized with equal acuity on T1 with contrast (A), noncontrast T2 (B), and noncontrast T2 FLAIR (C).

Results

- Tumor growth <10% was taken to represent stability, consistent with similar studies [7]
- In 17 out of 18 patients, noncontrast studies (T2, T2 FLAIR) accurately assessed tumor growth compared to consensus.
- For one patient, noncontrast studies indicated 12% growth while consensus was stability.

Conclusions

 Non-contrast MRI images may be equivalent to contrast weighted MRI images for surveillance monitoring of asymptomatic convexity meningiomas



Correlation of T2 and T2 FLAIR data compared to corresponding values on T1+Contrast. T2 r^2=.8346, p<.0001, T2 FLAIR r^2=.6855 p=.0003, Pearson correlation.

References

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