Meningiomas in Elderly Patients: Can Awake Surgery be an Answer?

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Introduction

Considering meningiomas (incidence, prevalence), many patients may be diagnosed in advanced age.

Usually ageing, may lead to a sum of multiple comorbidities that may contraindicate surgical intervention in general anesthesia.

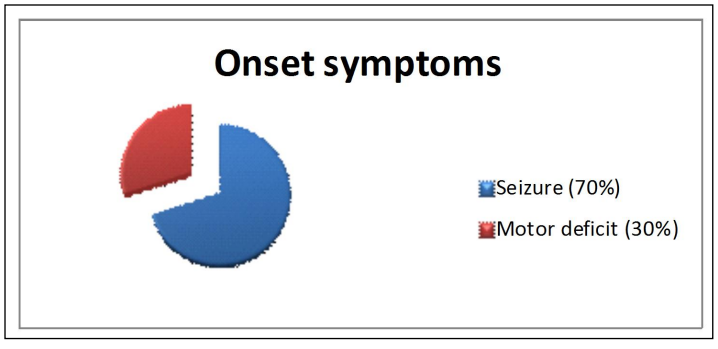
Actually there is no agreement on surgical indications in elderly patients, even in symptomatic cases

We descrive Our experience in six elderly patients that underwent surgical excision of meningioma , using awake surgery protocol.

Methods

We retrospectively selected patients , with age equal or above 70 years old, and with an ASA score equal to 3, that were addressed to surgical intervention in our division from 2008 to 2014.KPS was assessed before and after surgery.

None of these patients was symptomatic for seizures



Results

We selected 6 patients, that underwent surgical excision of meningioma (grade I and II, according to WHO 2007 criteria) utilizing awake surgery.

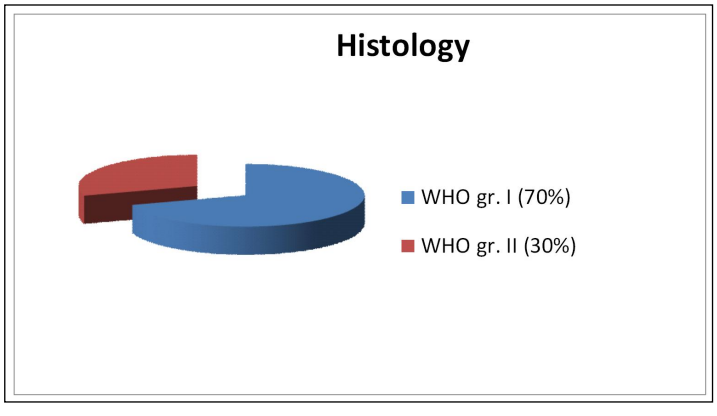
Of 6 patients (4 female, 2 male, mean age at time of intervention 72.5)2 showed a meningioma next to Broca's area and two next to the primary motory cortex. One Case had an occipital meningioma.All these patients, due to anesthesiological risk (mean asa score 3.25),underwent surgical excision of meningioma using awake surgery, in order to minimize anesthesiological risk and preserve neurological function.

Mean hospital stay was 5.6 days, on six patients four had an immediate post operatory improvement in KPS, two showed stationary kps.

In all case surgical radicality was achieved, only one patients developed intra operatory seizures (meningioma next to primary motor cortex),

Learning Objectives

Consider the use of the awake surgery in elderly patients with impaired general state.



Conclusions

Our experience suggests that in symptomatic elderly patients, awake surgery could be considered in order to improve patient's conditions , trying to reduce anesthesia related complications.
Obviously considering the low number of patients, further studies should be made in order to confirm or reject this hypothesis