

Management Strategies for Neoplastic and Vascular Brain Lesions Presenting During Pregnancy: a Case series of 32 patients.

José Carlos Lynch MD; Celestino Esteves Pereira MD; Ricardo Alves Andrade MD
**Neurosurgical Department . Servidores do Estado Hospital
Rio de Janeiro . Brazil**

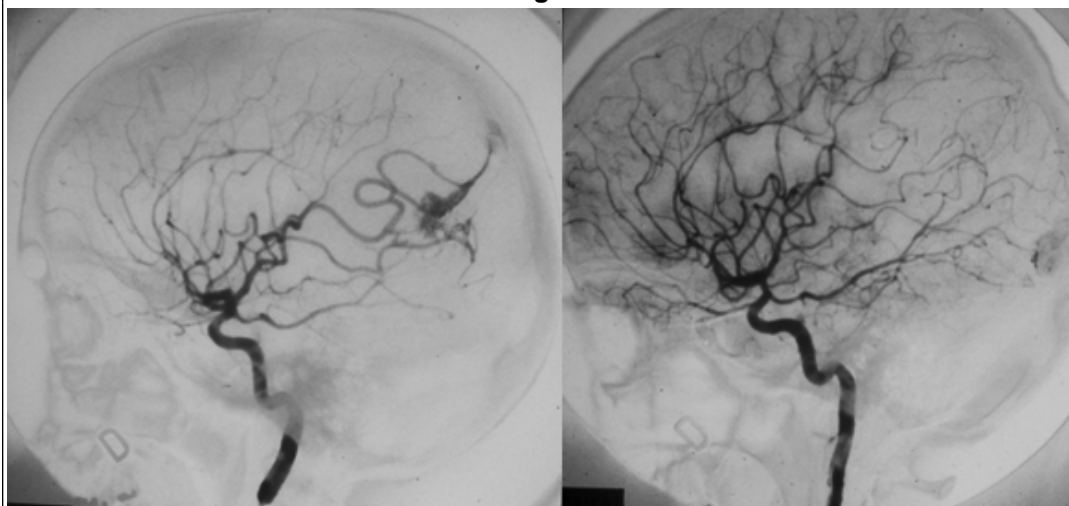
Introduction

Despite not being a common fact, the occurrence of brain tumors or intracerebral hemorrhage during pregnancy poses a risk to both the mother and infant. The aim of this study is identify the best medical and surgical procedure to be followed for a pregnant patient harboring a brain tumor or a intracranial vascular lesion.

Methods

The records of 10 patients with brain tumors and 22 patients with aneurysm, MAV or intracerebral hematoma diagnosed during pregnancy were retrospectively examined.

Fig1.

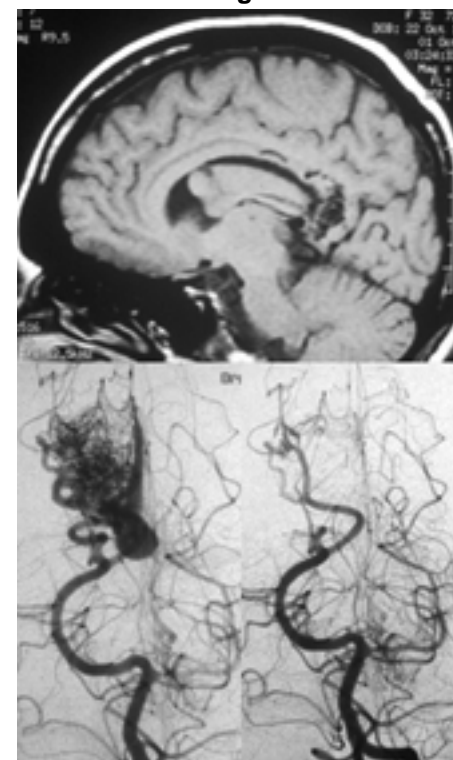


AVM operated during pregnancy

Results

In this series the astrocytomas were the most frequent tumor. There was no operative mortality in these sample. In 2 patients the labor occurred before the craniotomy and in others the delivery occurred after the surgery. In the group of vascular lesions, we detected, 6 aneurysms ruptures. MAVs were diagnosed in others 6 patients and intracerebral hematomas in 10 individuals. The maternal and fetal mortality was 20% and 33% respectively. Four aneurysm patients were operated on before delivery and 2 in puerpeium.

Fig2.



AVM operated after labor

Conclusions

The best moment to recommend the craniotomy and the neurosurgical removal of the tumor will depend of the mother's neurological condition, the tumor histological type as well as the gestational age.

In relation to vascular lesions, we could conclude that surgical management of the aneurysms during pregnancy is associated with low maternal and fetal mortality but the management of MAV hemorrhage during pregnancy remains controversial.

Fig3.