



[Neurosurgical Outcomes of Intradural Extramedullary Spinal Tumors in 97 cases:Siberian Experience].

<https://arctichealth.org/en/permalink/ahliterature289790>

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Source: No Shinkei Geka. 2017 Sep; 45(9):781-787

Date: Sep-2017

Language: Japanese

Publication Type: Journal Article

Keywords: Adolescent
Adult
Aged
Female
Humans
Male
Middle Aged
Neurosurgical Procedures
Retrospective Studies
Russia
Spinal Neoplasms - pathology - surgery
Treatment Outcome
Young Adult

Abstract:

We retrospectively investigated the clinical presentation and outcome of patients with spinal intradural extramedullary tumors, which had been surgically treated. A total of 97 consecutive patients (32 males and 65 females; mean age, 48 years; range, 17-79 years) underwent surgery between 2004 and 2014 at Irkutsk State Medical Academy and affiliated hospitals. To determine presentation and outcomes associated with these tumors, we evaluated the waiting period before surgery, neurological symptoms including motor, sensory, urinary, and rectal dysfunction, modified McCormick scale, Macnab's outcome assessment of patient satisfaction, surgical procedure, tumor location, and histological diagnosis. The most frequent preoperative symptom was myelopathy (52.6%) at presentation, followed by radiculopathy (20.6%), and a combination of both (26.8%). Surgical intervention produced highly successful results, in which 77 of 97 cases showed neurological improvement. However, the symptoms were not completely reversed, and there was improvement only the equivalent to one grade in the modified McCormick scale for most patients. Surgical outcomes were not influenced by tumor location, extent of lamina resection, or histological diagnosis, but there was a correlation between greater patient improvement and a shorter waiting period before surgery. As such, we recommend early total resection for symptomatic spinal intradural extramedullary tumors.

PubMed ID:

28924067 [View in PubMed](#) 