



RIUNIONE
ANNUALE **SIN**
APPULO-LUCANA

3-4 Novembre 2022

Nicolaus Hotel Bari



CON IL PATROCINIO DI
Sin
SOCIETÀ ITALIANA DI NEUROLOGIA

RESPONSABILI SCIENTIFICI
Prof.ssa Maria Troiano
Prof. Damiano

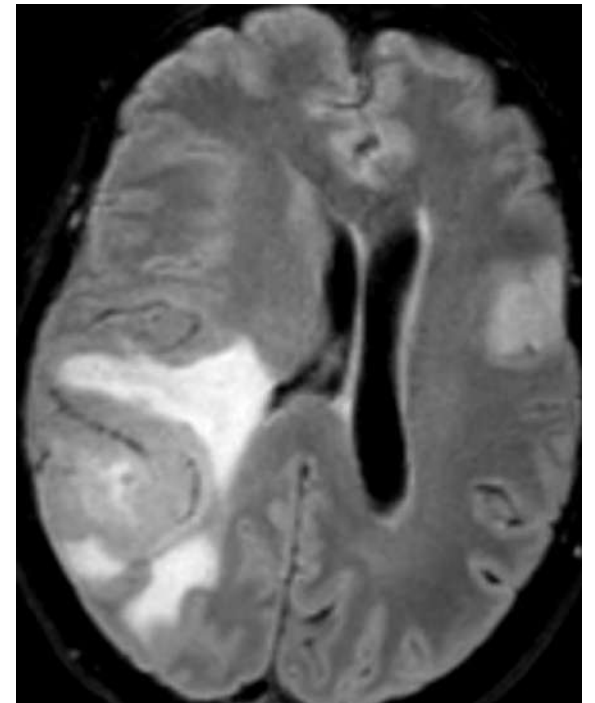
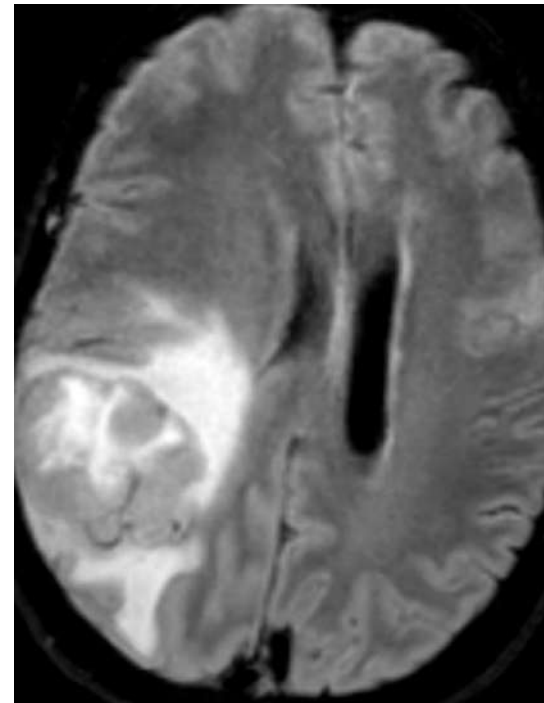
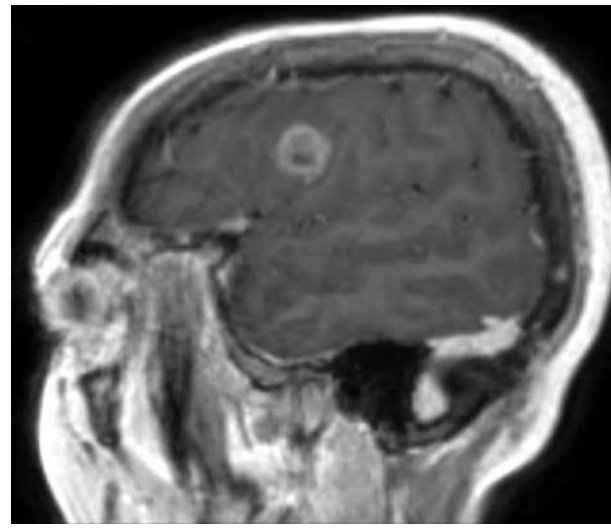
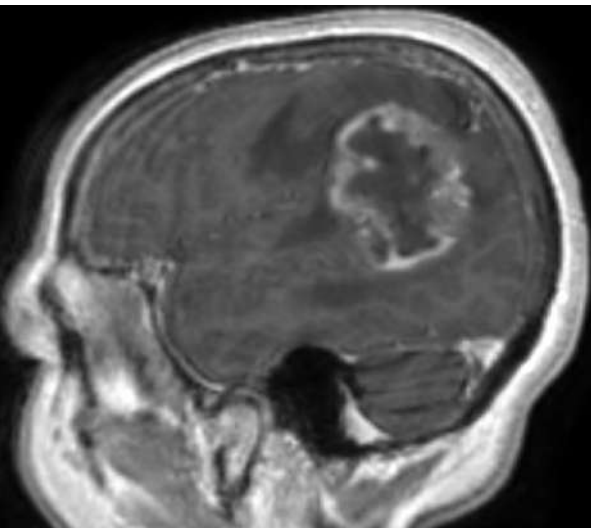
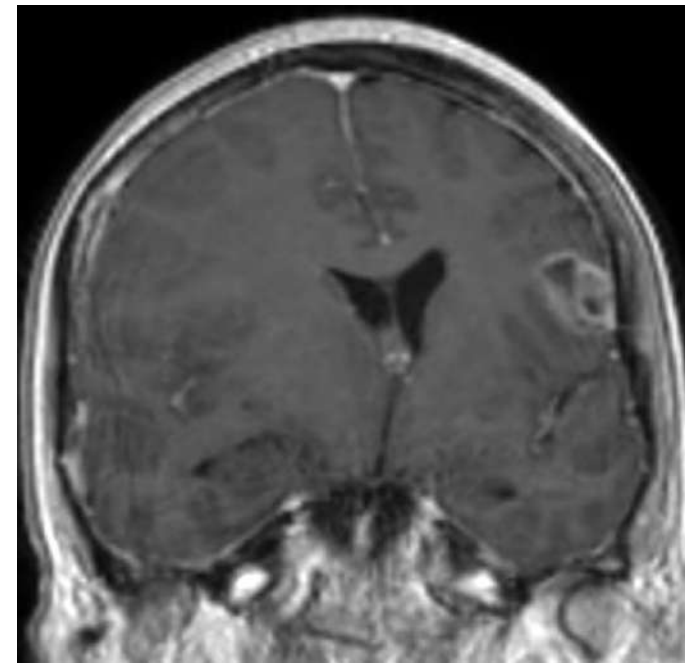
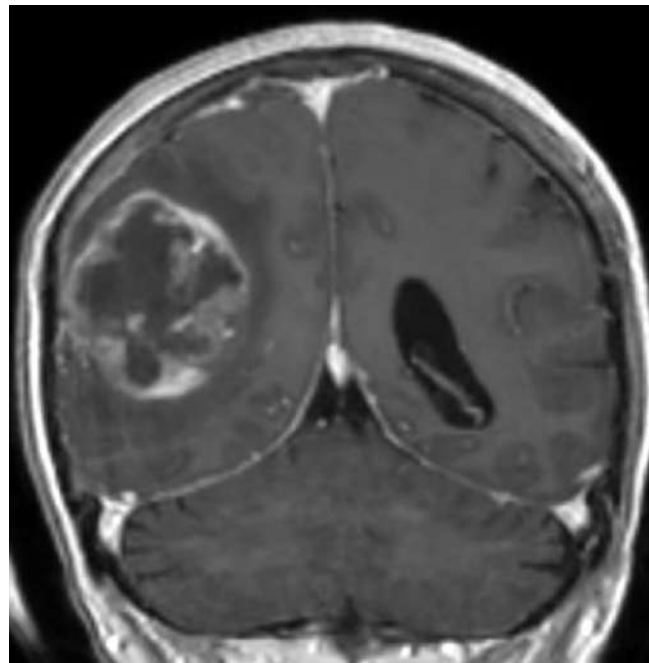
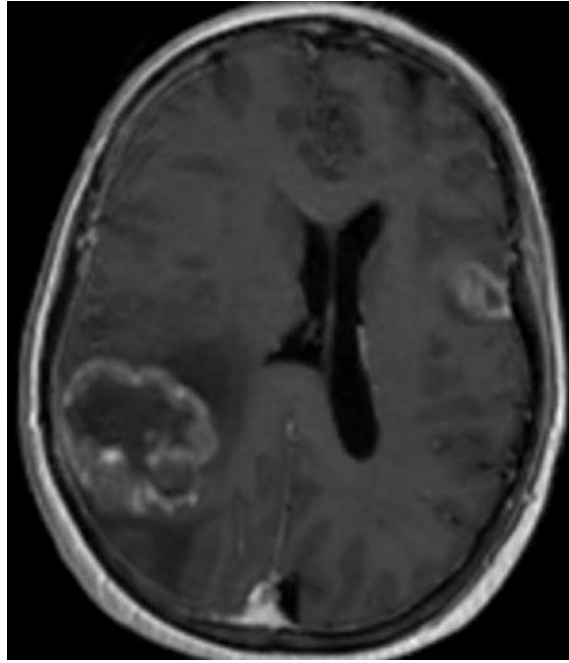
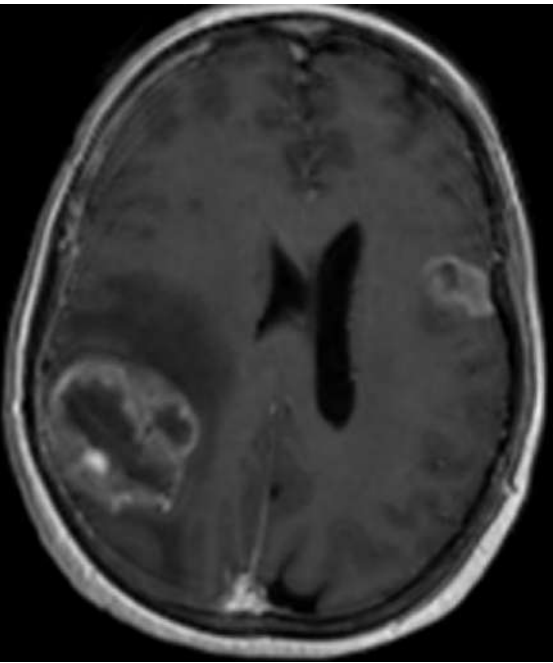
Approccio multidisciplinare dei tumori cerebrali

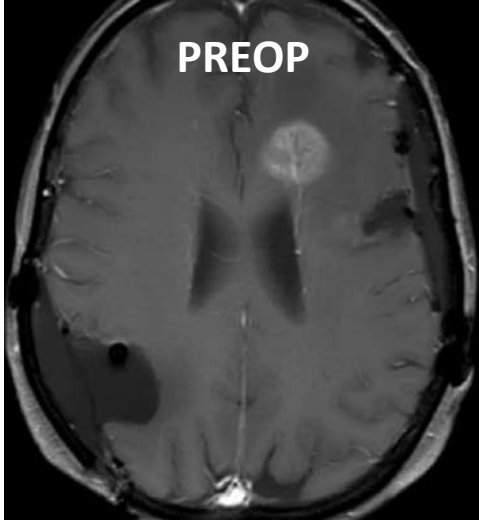
Francesco SIGNORELLI, MD, MSc

Cattedra ed U.O.C. Neurochirurgia

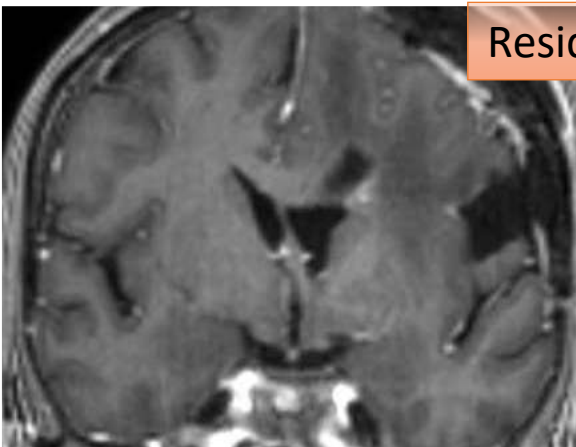
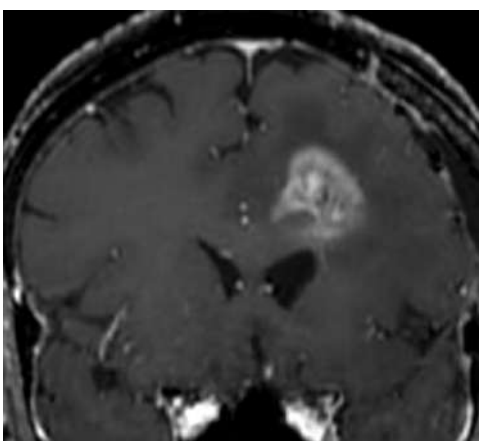
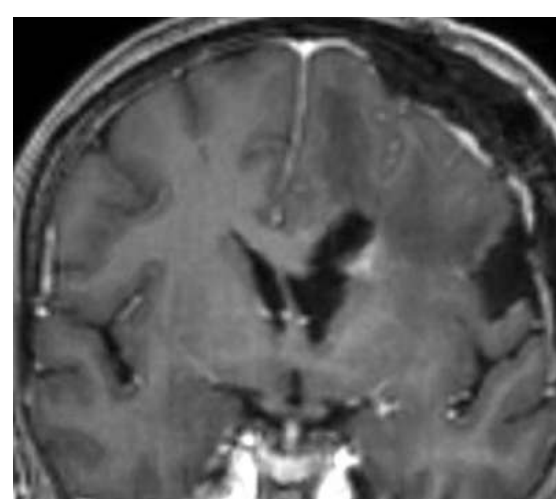
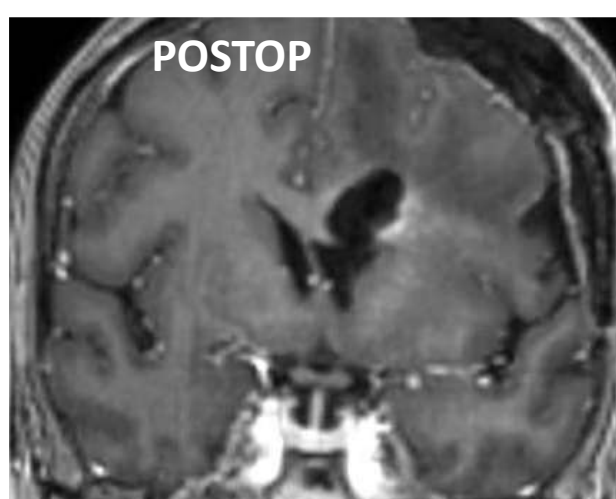
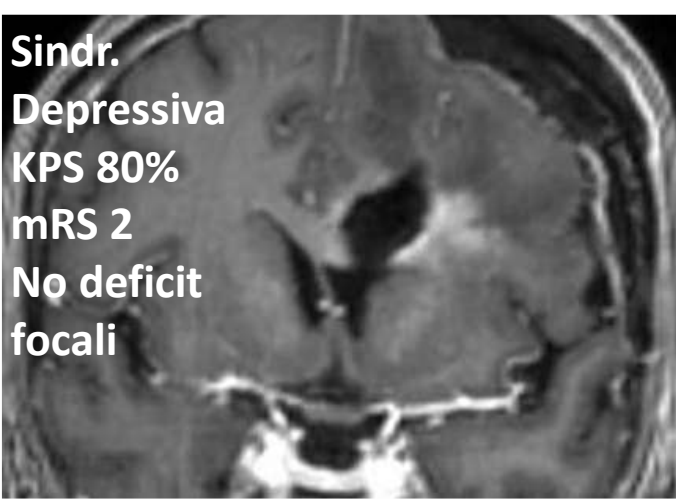
Dipartimento DiBrain, Università "Aldo Moro" di BARI

Donna, 64 anni, destrimane
unica crisi epilettica generalizzata
No deficit neurologici

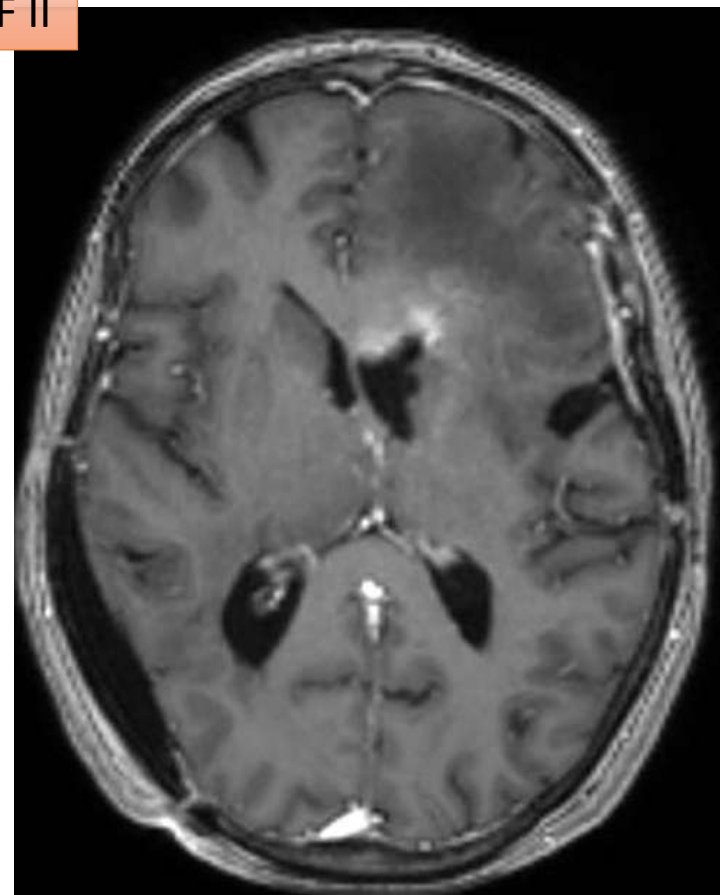
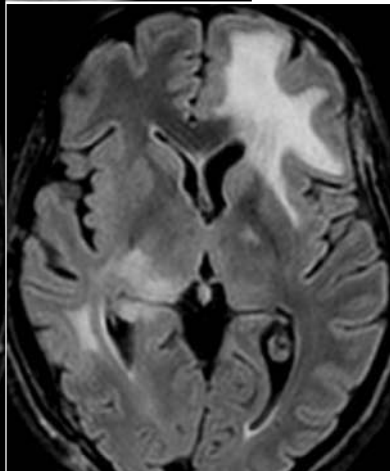
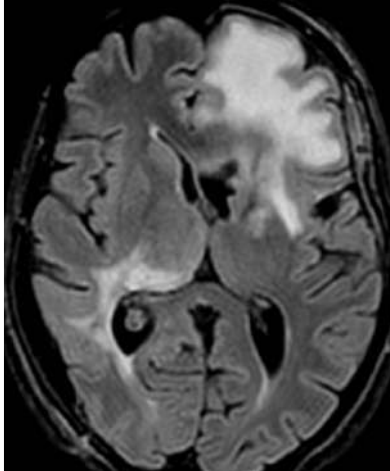
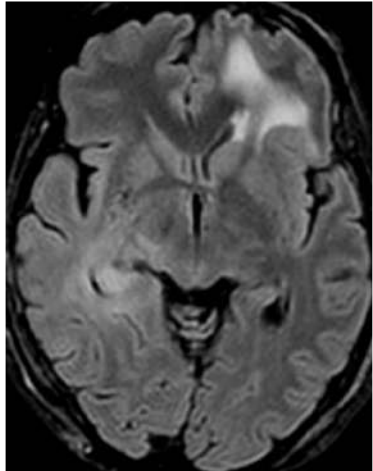
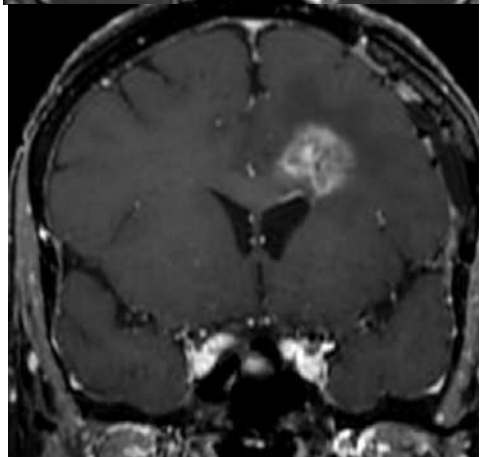
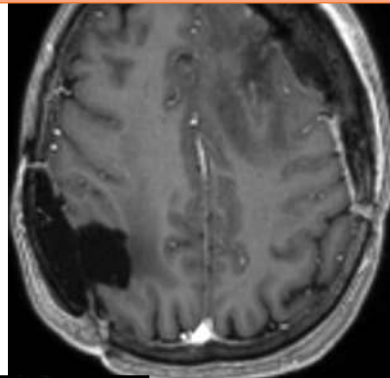




Sindr.
Depressiva
KPS 80%
mRS 2
No deficit
focali



Residuo in fascicolo subcalloso/ SLF II



CONSIDERAZIONI

- INDICAZIONE CHIRURGICA CONDIVISIBILE?
- RESEZIONE IN BLOCCO
 - FATTIBILE?
 - INFILTRAZIONE ALLA FLUORESCENZA
- EVITARE COMPLICANZE ISCHEMICHE POSTOP.
 - FATTORE PROGNOSTICO NEGATIVO



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Perilesional Resection of Glioblastoma Is Independently Associated With Improved Outcomes

BACKGROUND: Resection is a critical component in the initial treatment of glioblastoma (GBM). Often GBMs are resected using an intralesional method. Circumferential perilesional resection of GBMs has been described, but with limited data.

OBJECTIVE: To conduct an observational retrospective analysis to test whether perilesional resection produced a greater extent of resection.

METHODS: We identified all patients with newly diagnosed GBM who underwent resection at our institution from June 1, 1993 to December 31, 2015. Demographics, presenting symptoms, intraoperative data, method of resection (perilesional or intralesional), volumetric imaging data, and postoperative outcomes were obtained. Complete resection (CR) was defined as 100% resection of all contrast-enhancing disease. Univariate analyses employed analysis of variance (ANOVA) and Fisher's exact test. Multivariate analyses used propensity score-weighted multivariate logistic regression.

RESULTS: Newly diagnosed GBMs were resected in 1204 patients, 436 tumors (36%) perilesionally and 766 (64%) intralesionally. Radiographic CR was achieved in 69% of cases. Multivariate analysis demonstrated that perilesional tumor resection was associated with a significantly higher rate of CR than intralesional resection (81% vs 62%, multivariate odds ratio = 2.5, 95% confidence interval: 1.8-3.4, $P < .001$). Among tumors in eloquent cortex, multivariate analysis showed that patients who underwent perilesional resection had a higher rate of CR (79% vs 58%, respectively, $P < .001$) and a lower rate of neurological complications (11% vs 20%, respectively, $P = .018$) than those who underwent intralesional resection.

CONCLUSION: Circumferential perilesional resection of GBM is associated with significantly higher rates of CR and lower rates of neurological complications than intralesional resection, even for tumors arising in eloquent locations. Perilesional resection, when feasible, should be considered as a preferred option.

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Research Paper

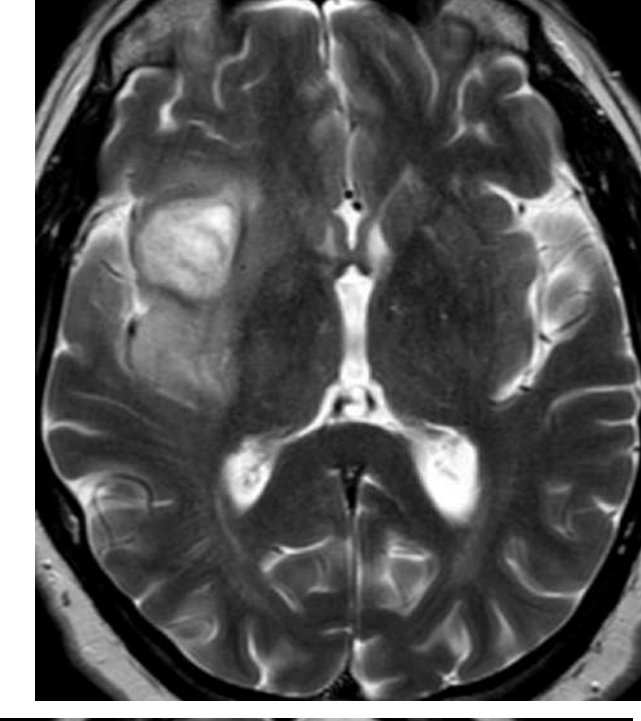
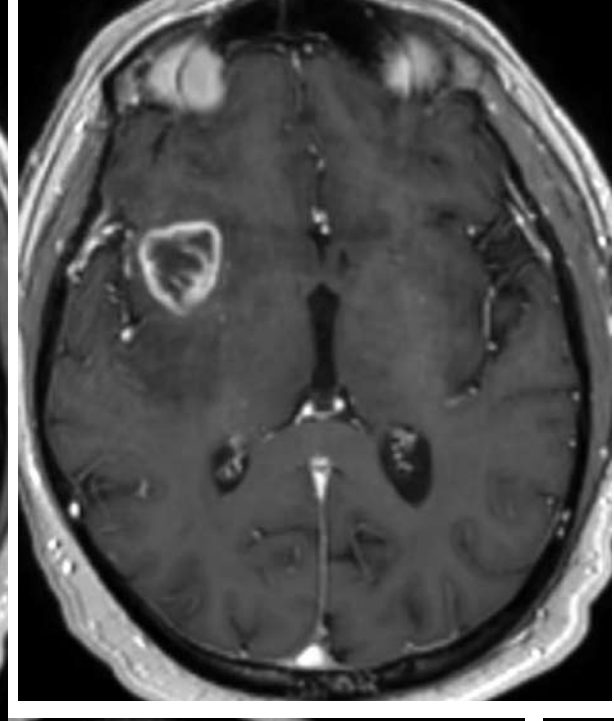
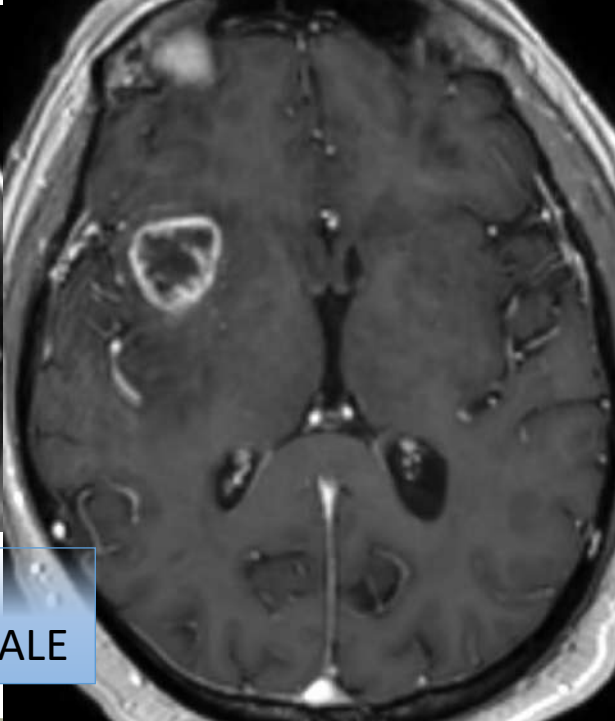
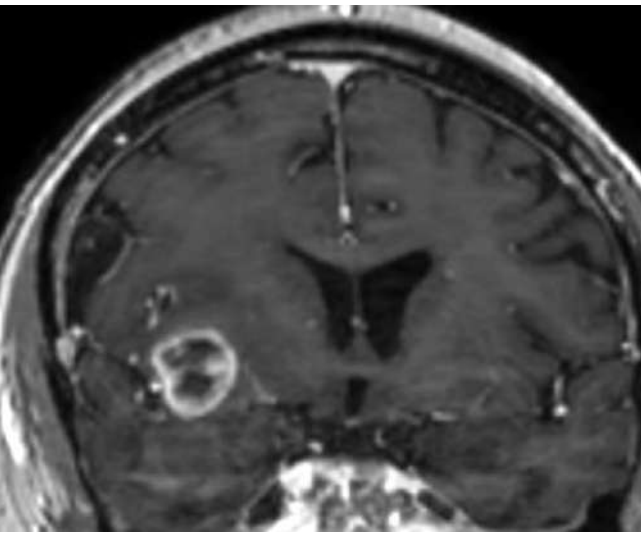
Infarct volume after glioblastoma surgery as an independent prognostic factor

Stefanie Bette¹, Benedikt Wiestler¹, Johannes Kaesmacher¹, Thomas Huber¹, Julia Gerhardt², Melanie Barz², Claire Delbridge³, Yu-Mi Ryang², Florian Ringel², Claus Zimmer¹, Bernhard Meyer¹, Tobias Boeckh-Behrens¹, Jan S. Kirschke¹, Jens Gempt²

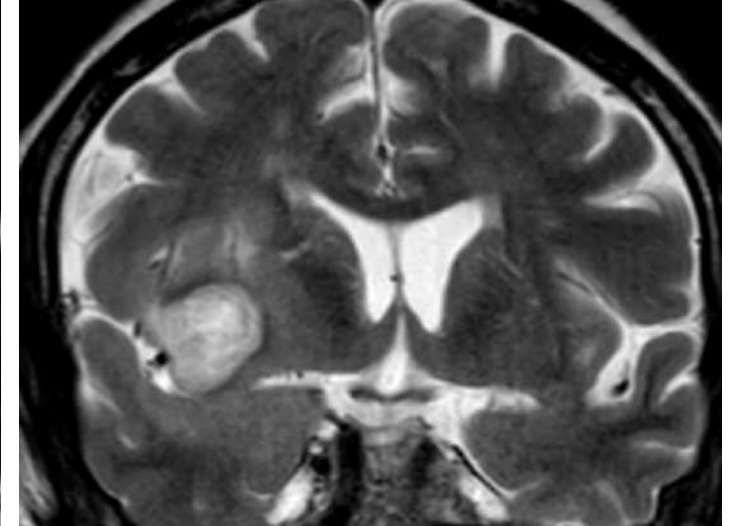
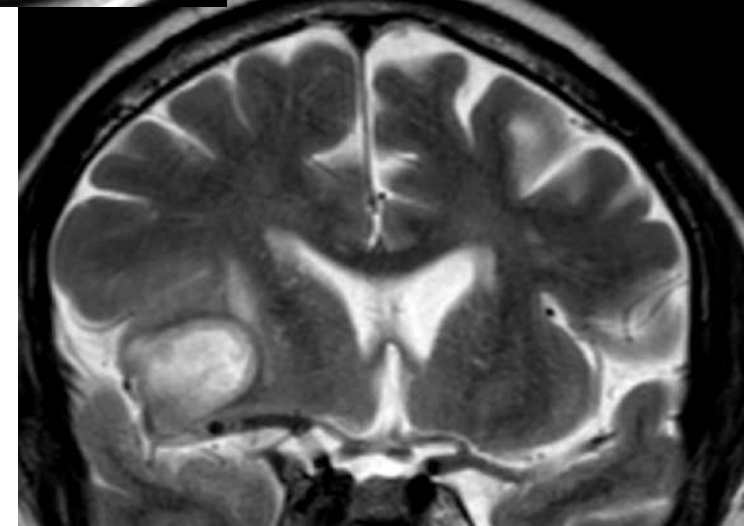
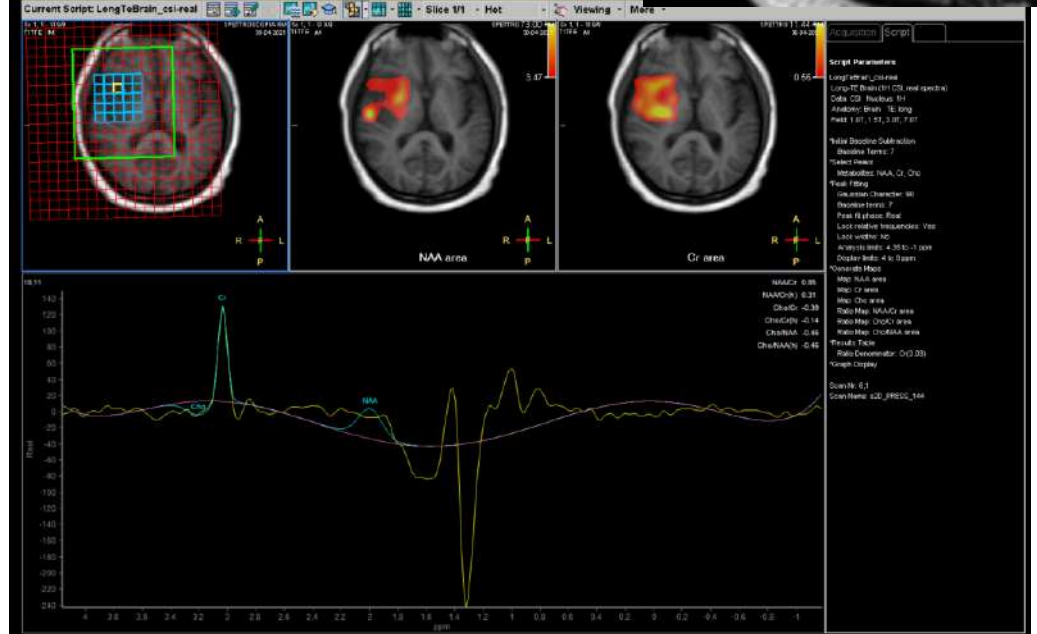
¹Department of Neuroradiology, Klinikum rechts der Isar, Technische Universität München, Munich, Germany

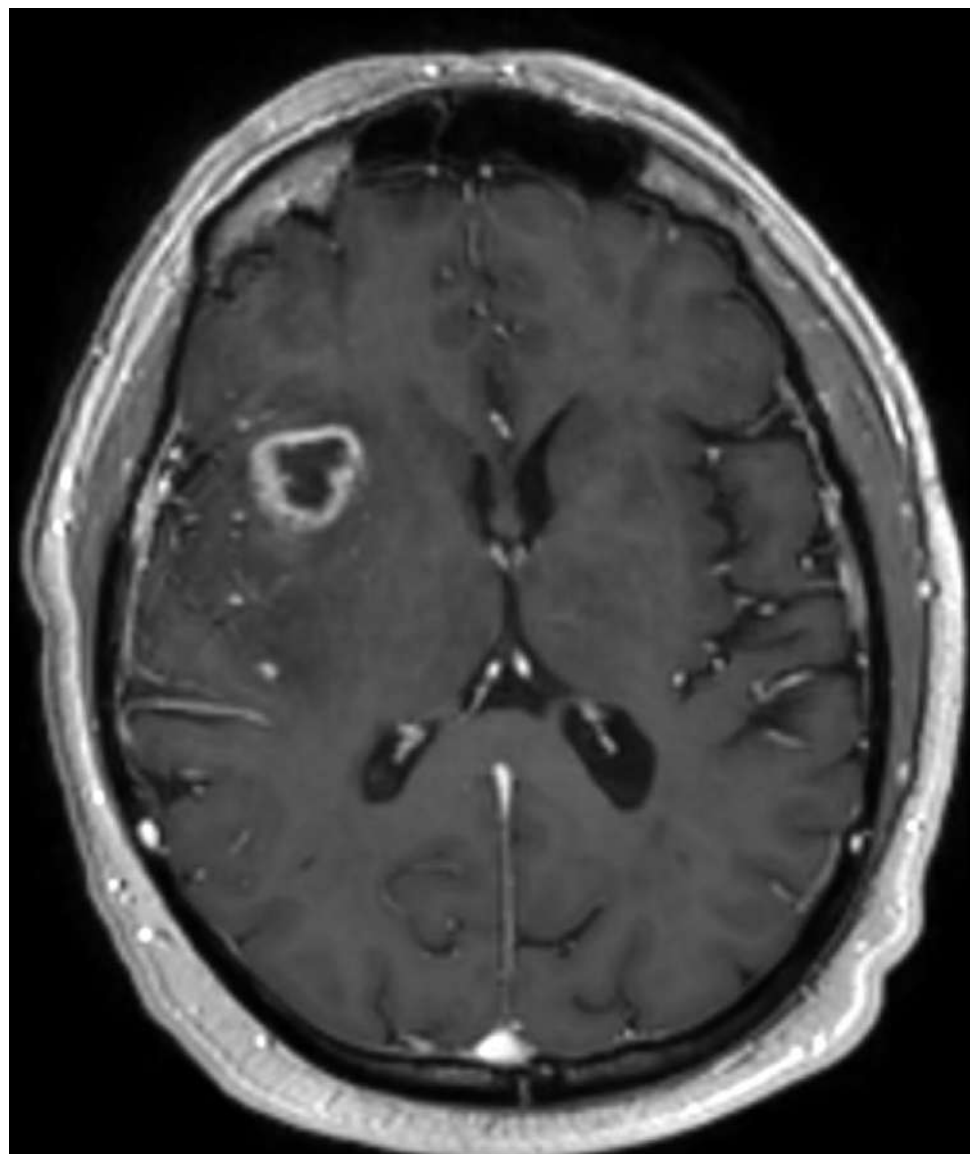
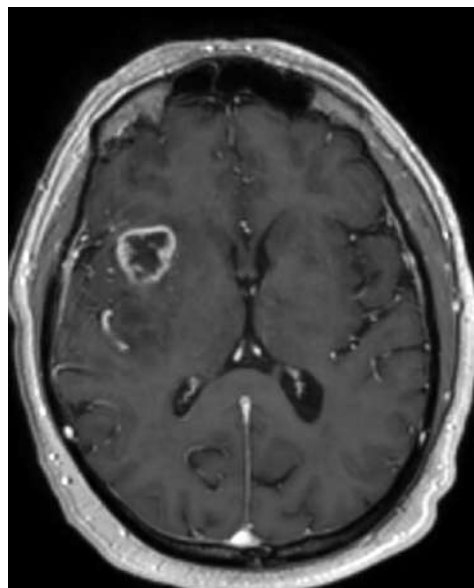
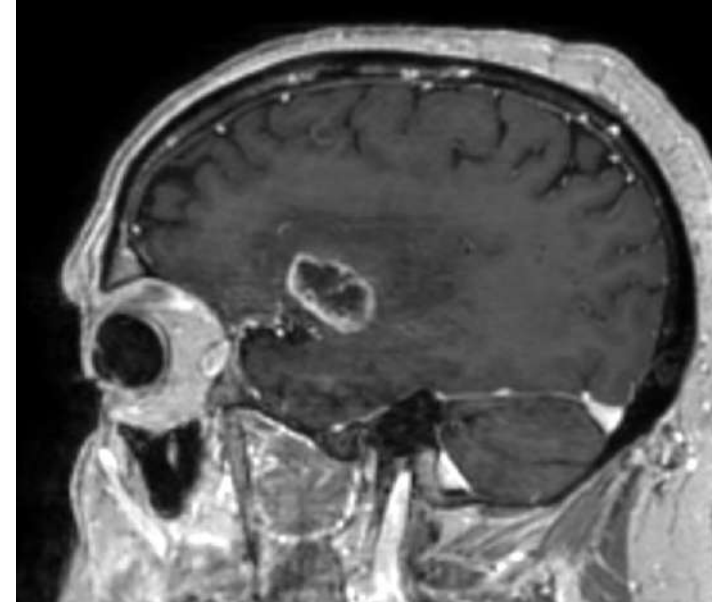
²Department of Neurosurgery, Klinikum rechts der Isar, Technische Universität München, Munich, Germany

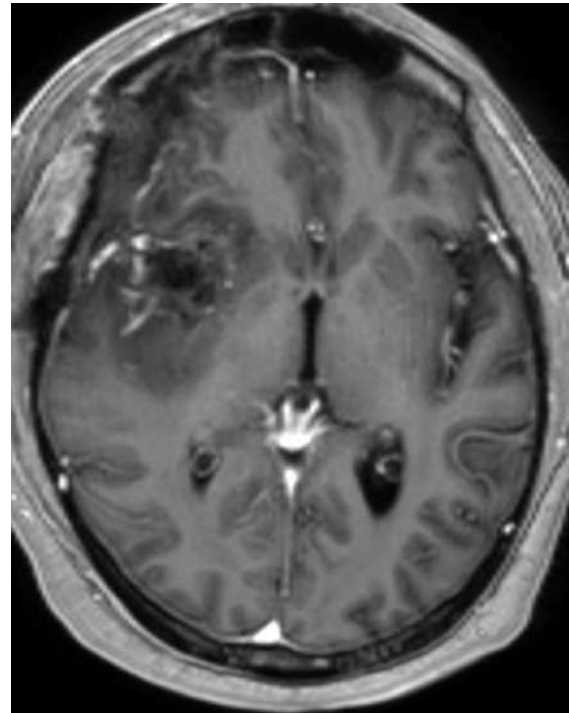
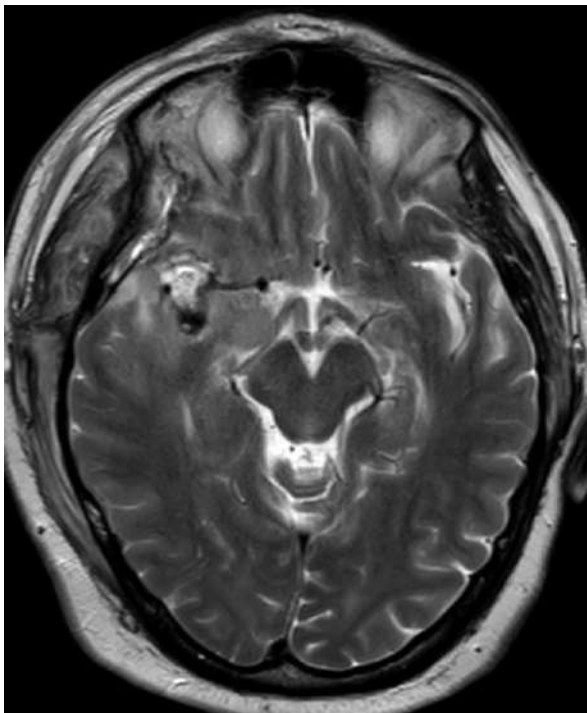
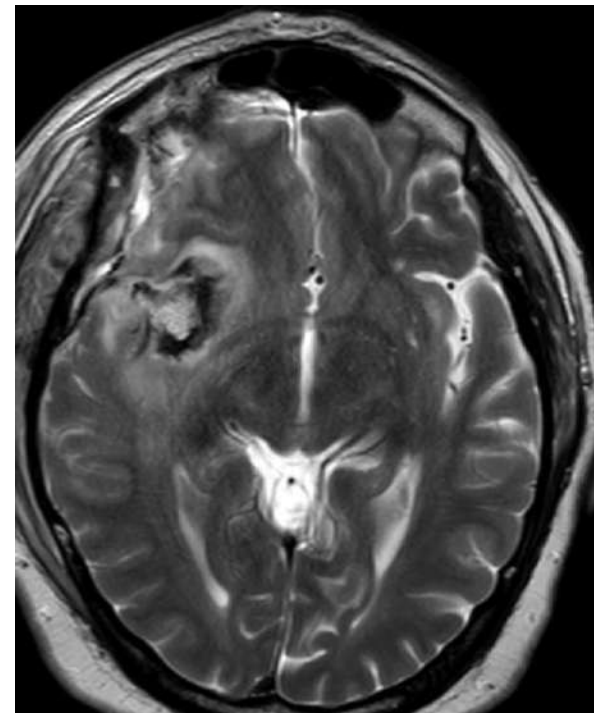
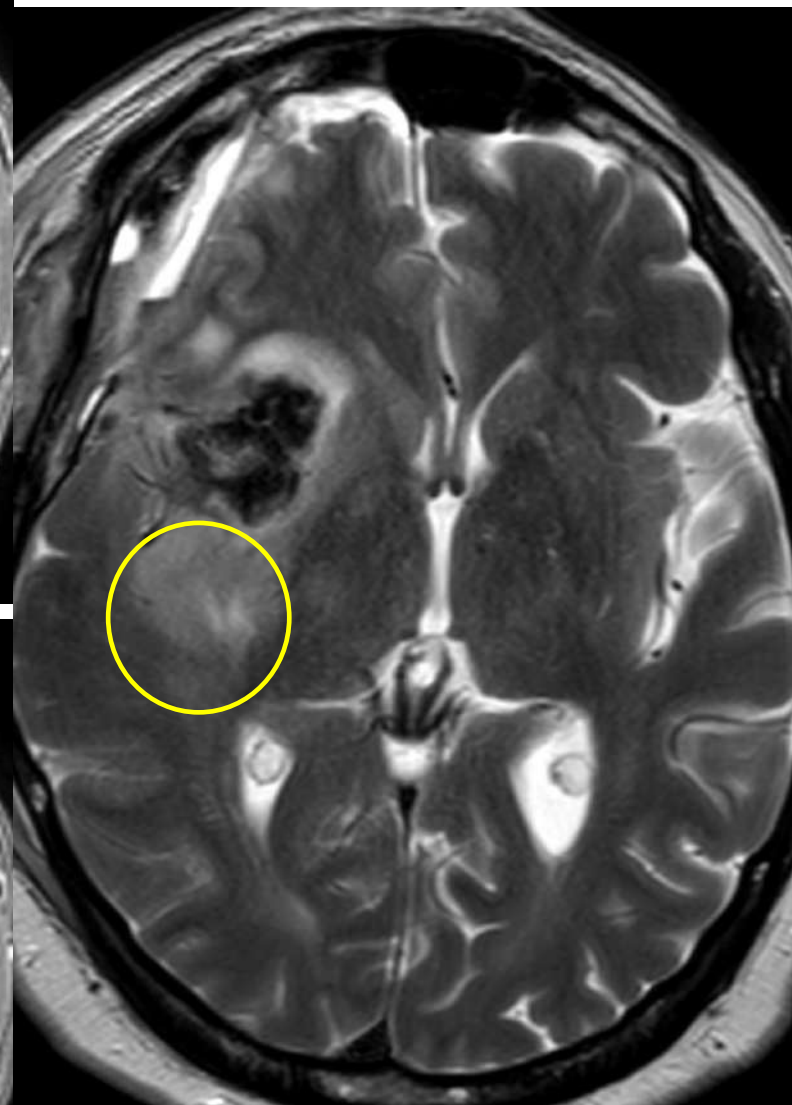
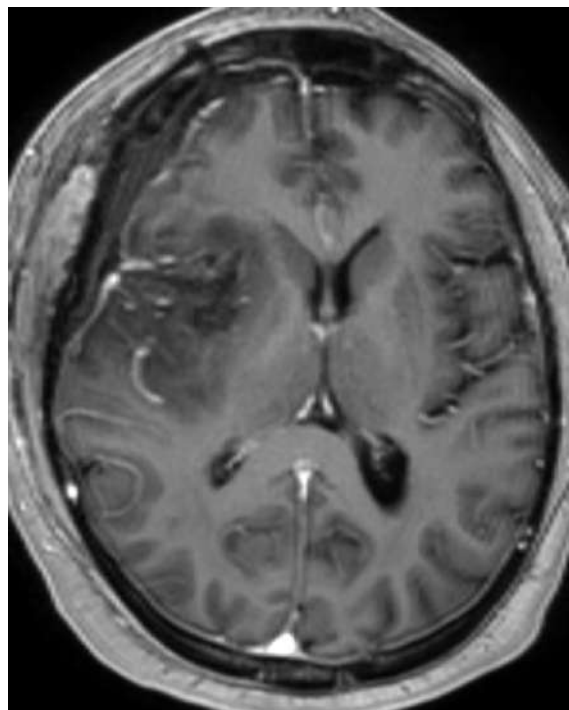
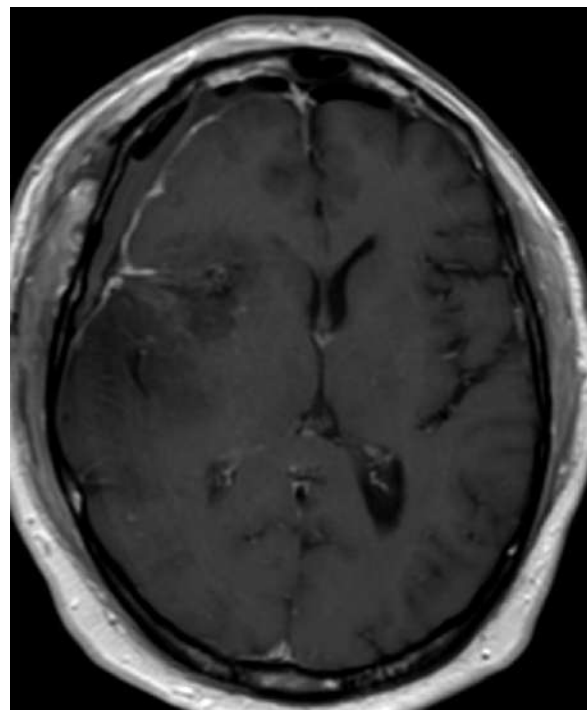
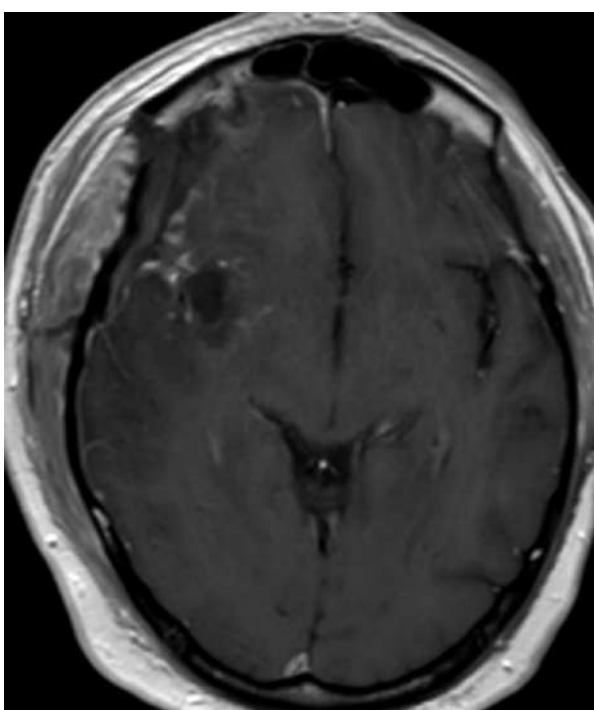
³Department of Neuropathology, Klinikum rechts der Isar, Technische Universität München, Munich, Germany



UOMO, 67 ANNI
CRISI GENERALIZZATA INAUGURALE



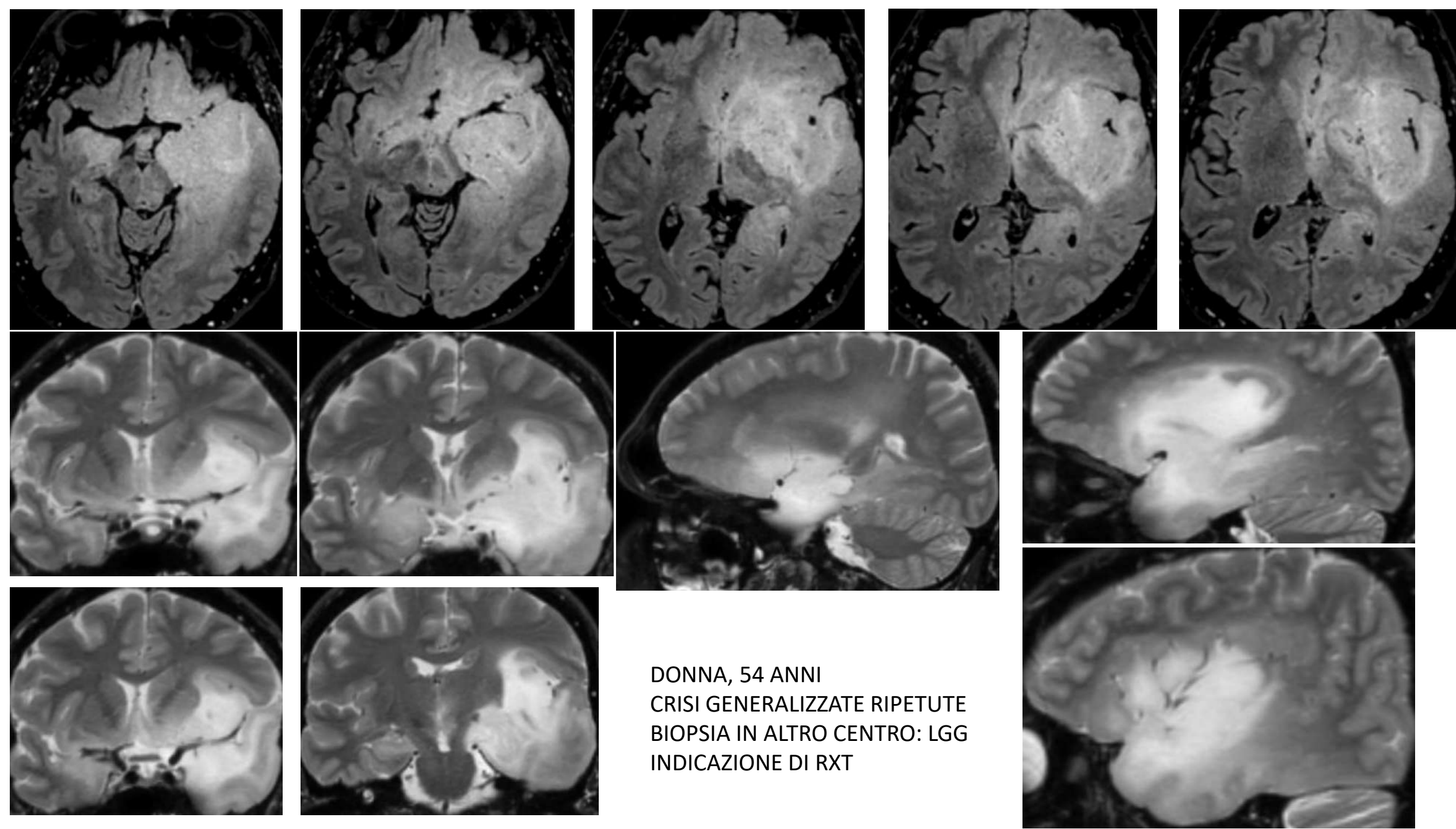




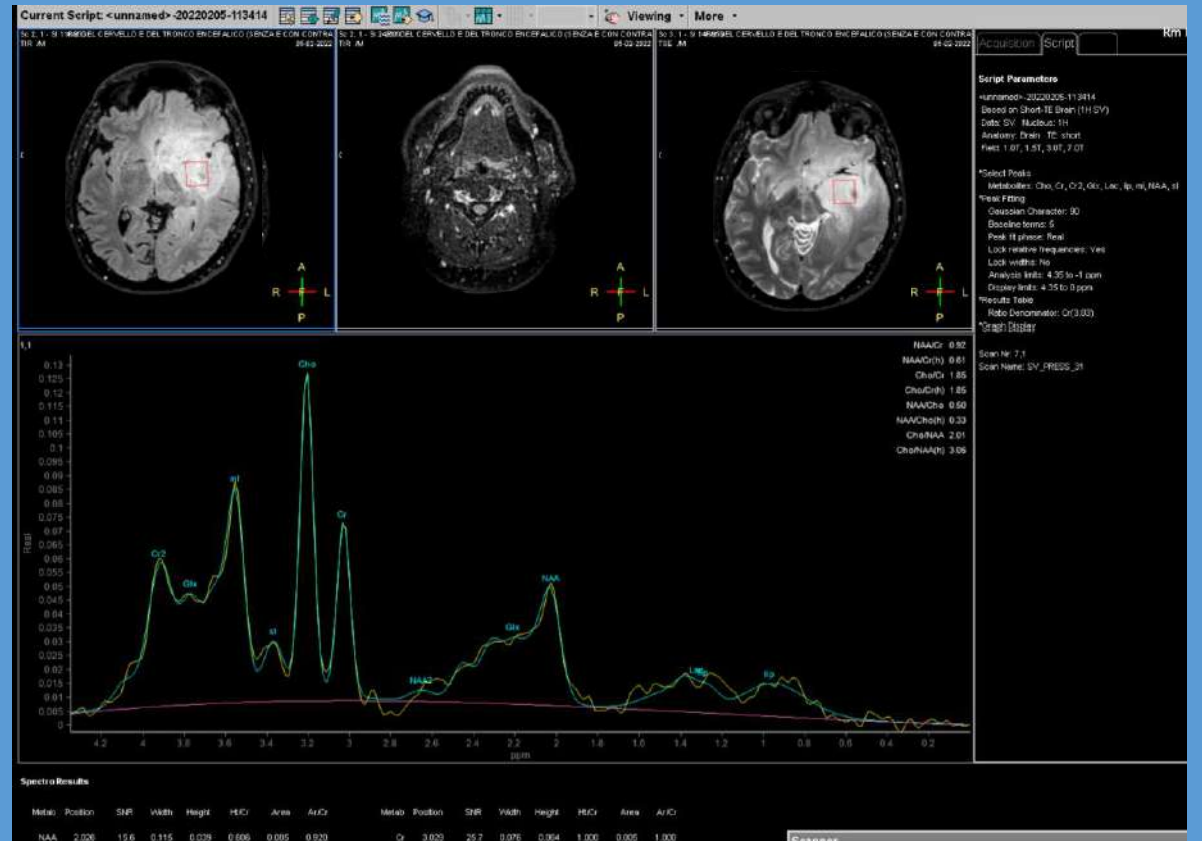
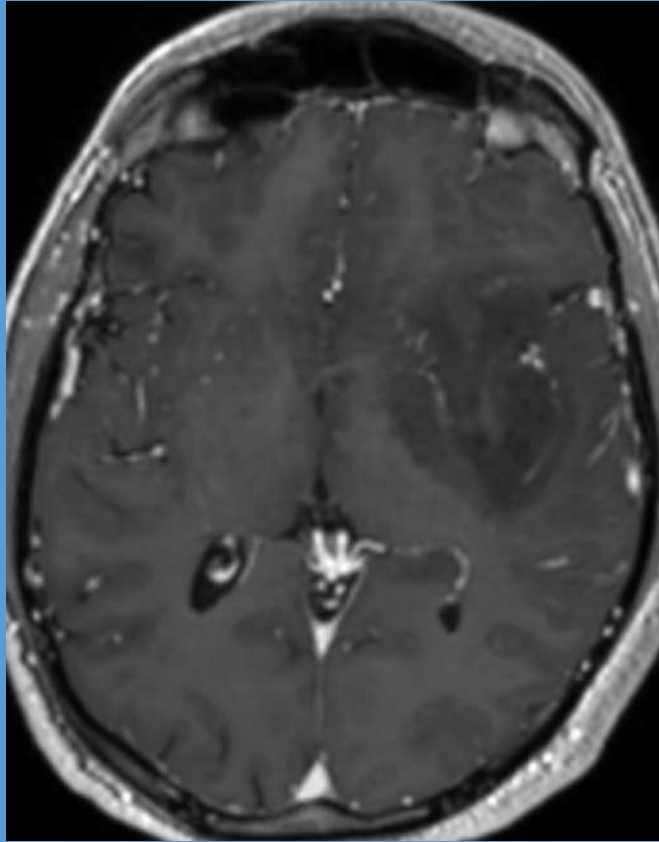
RECIDIVA A 8 M POSTOP

CONSIDERAZIONI

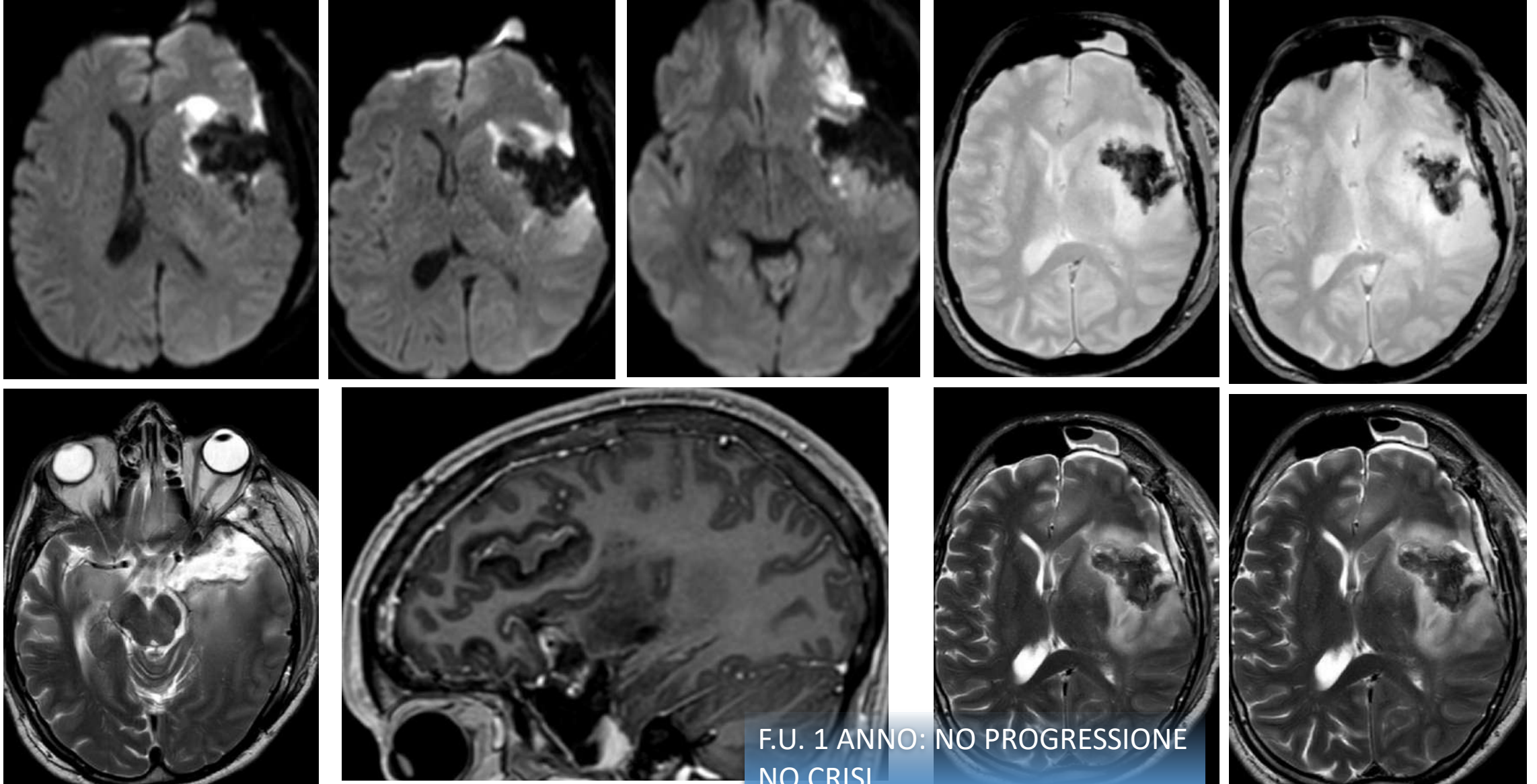
- TENDERE A RIMOUVERE IPERDENSITÀ IN T2 QUANDO POSSIBILE
 - ANCHE SE FLUORESCENZA NEGATIVA?
- RESEZIONE UNCUS/IPPOCAMPO ?



DONNA, 54 ANNI
CRISI GENERALIZZATE RIPETUTE
BIOPSIA IN ALTRO CENTRO: LGG
INDICAZIONE DI RXT



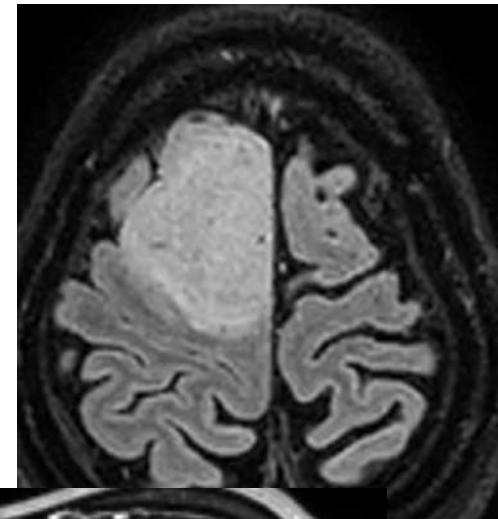
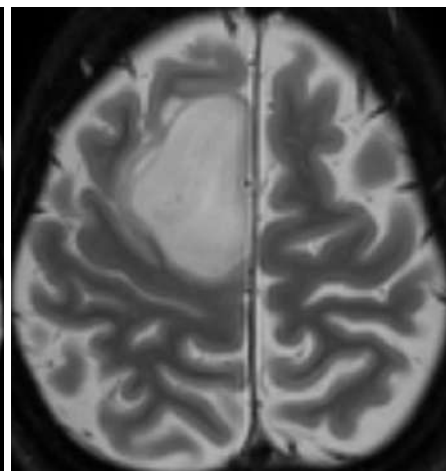
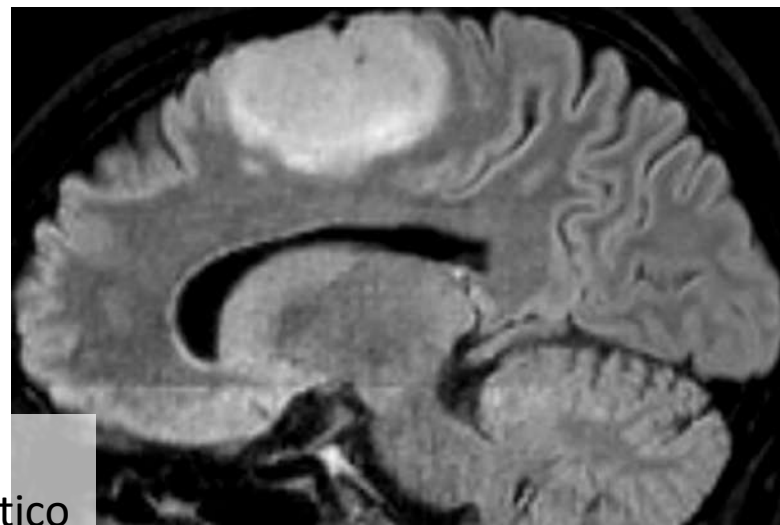
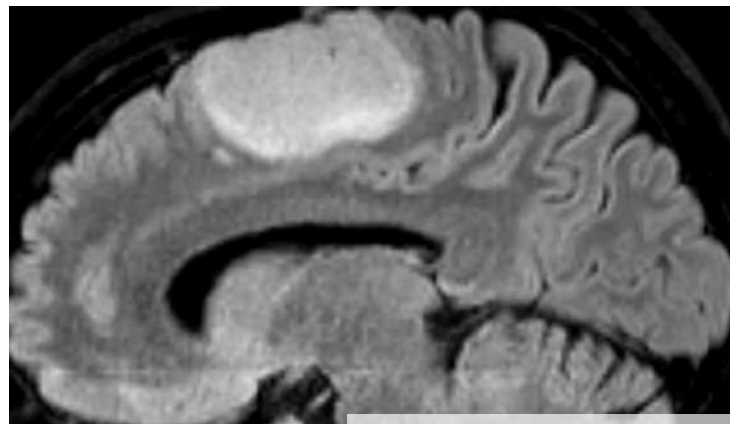
GB IHD1 mutato
STUPP E TMZ 12 CICLI



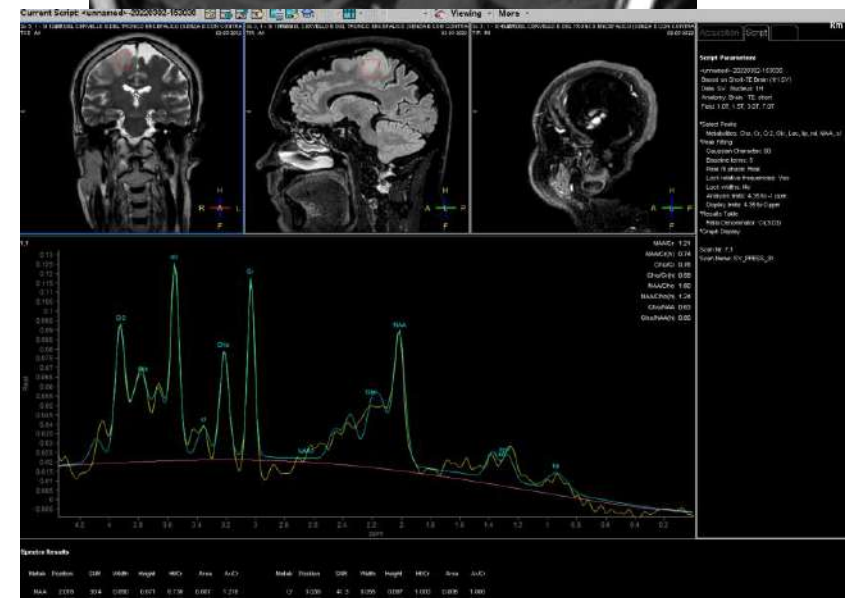
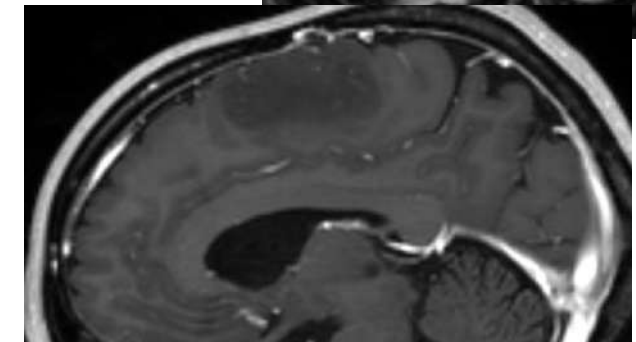
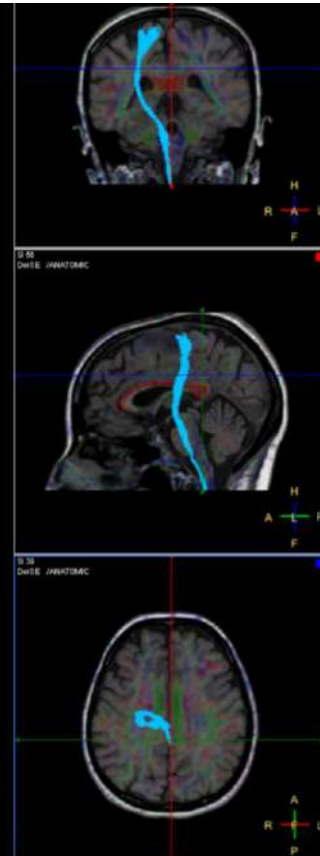
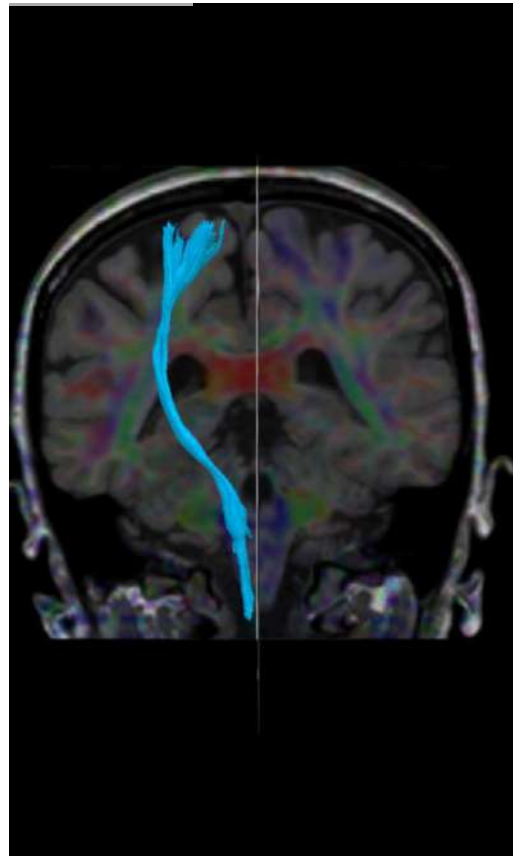
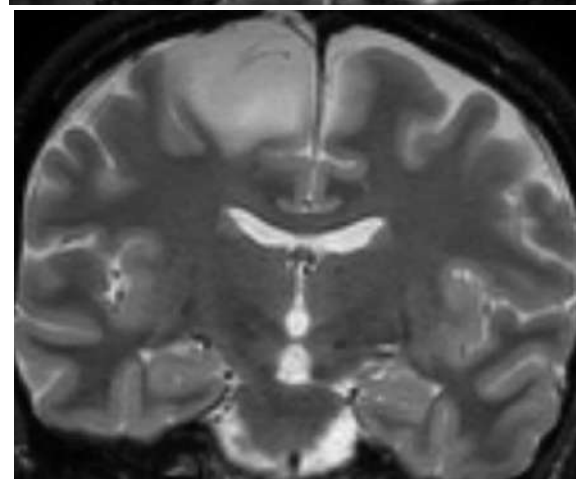
F.U. 1 ANNO: NO PROGRESSIONE
NO CRISI
NO DISTURBI MNESICI
mRS 1

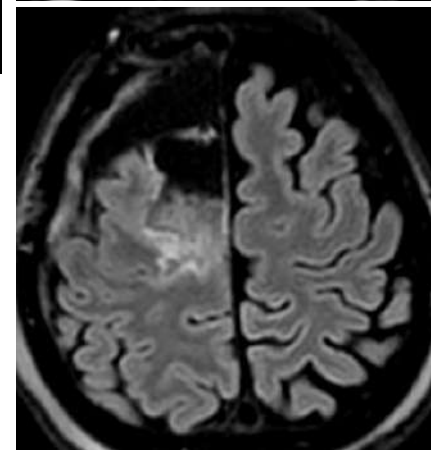
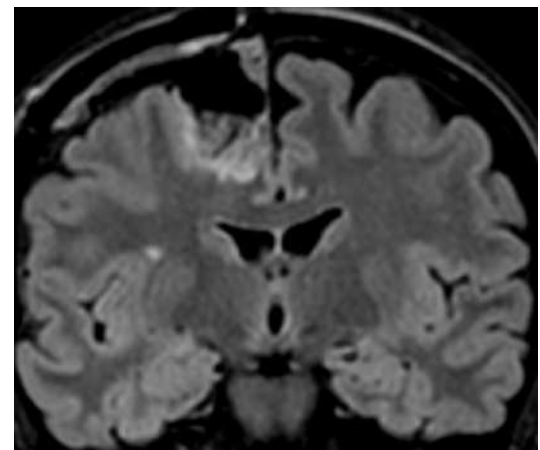
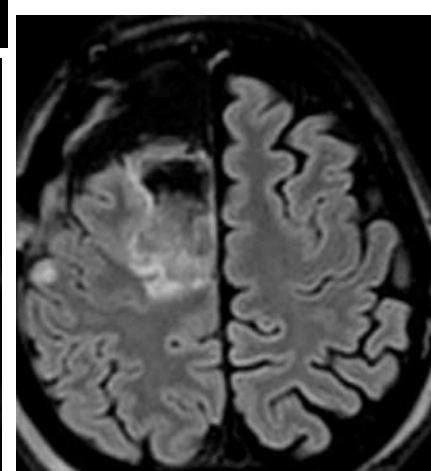
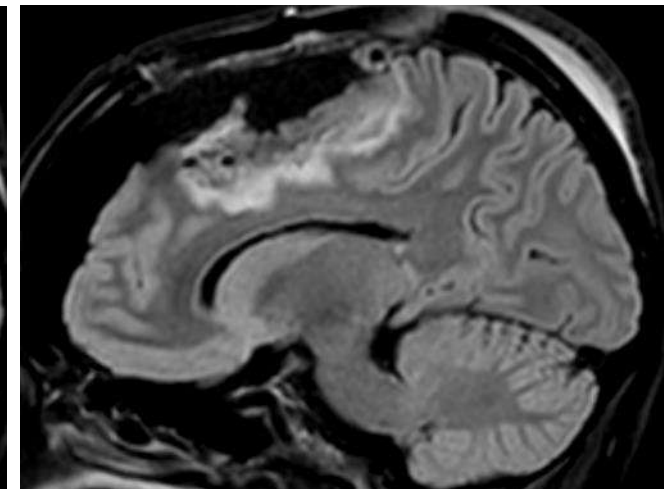
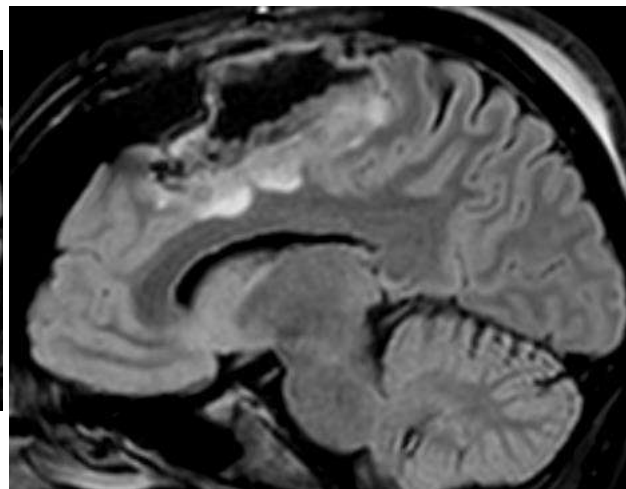
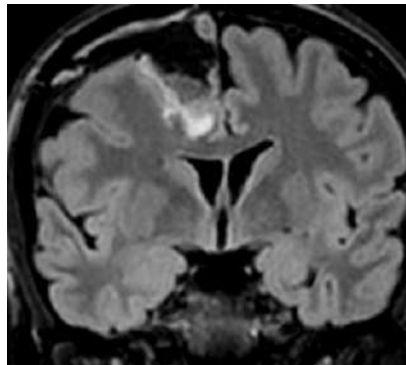
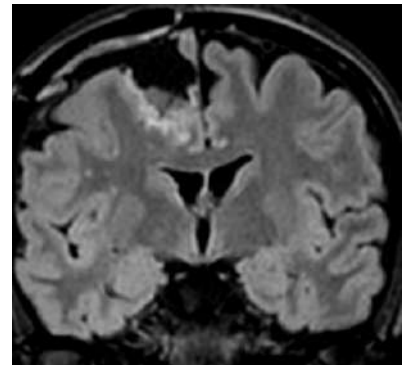
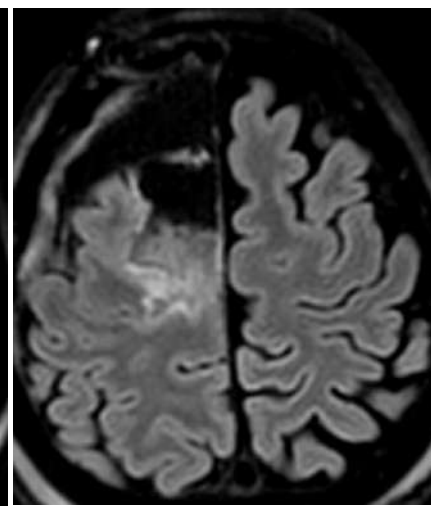
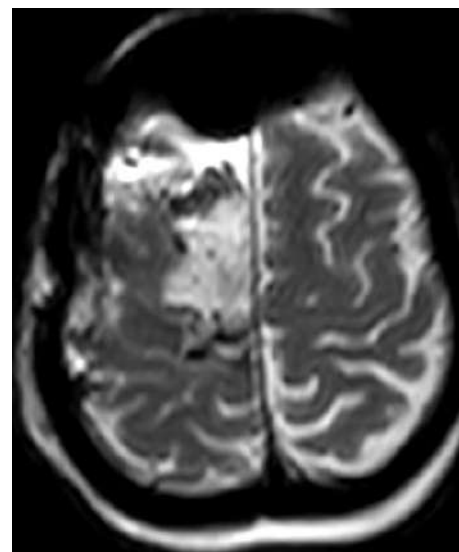
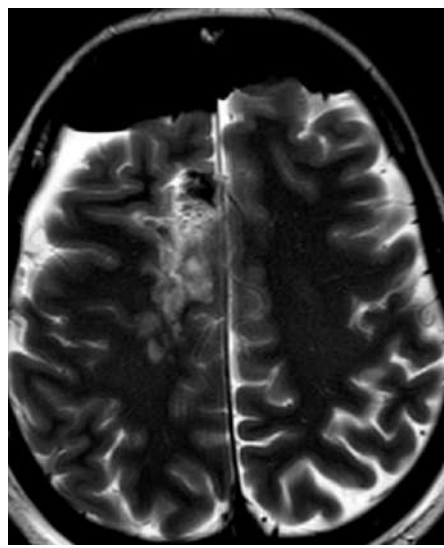
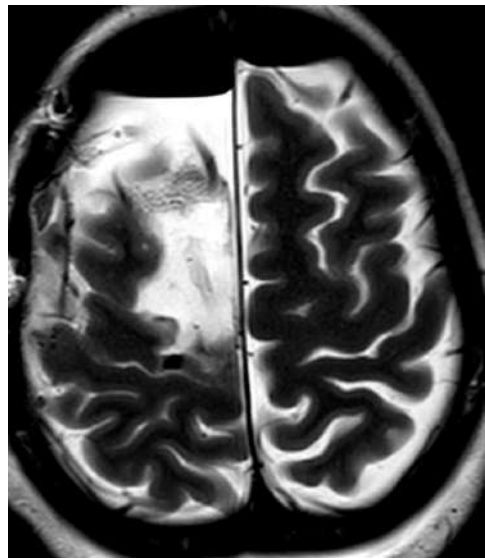
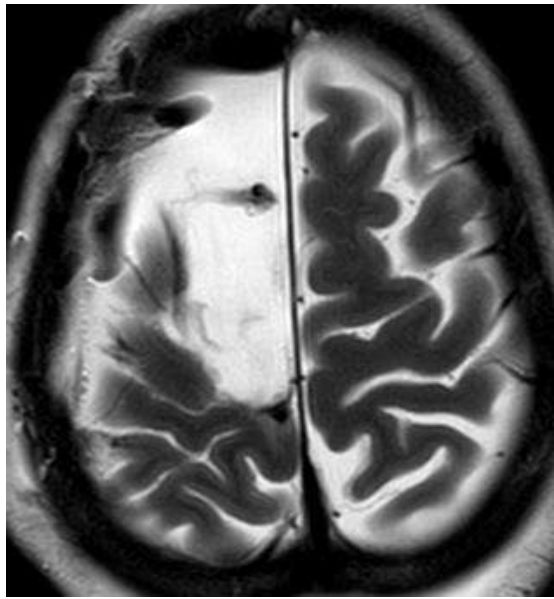
CONSIDERAZIONI

- > 50 LGG DIAGNOSI “CAUTA”
- BY LGG?
- INDICAZIONE CHIRURGICA PER GB INSULARI > 3A?
- ASPORTAZIONE UNCUS/IPPOCAMPO QUANDO INFILTRAZIONE BILATERALE?
 - DISTURBI MNESICI POSTOP.



Uomo, 60 anni
Stato di male epilettico







GB
IDH1 WT
MGMT NO MET

F.U. 2 M:
EMIPARESI 2/5 PER 1 M
ATTUALMENTE CAPACE DI DEAMBULARE
NO PROGRESSIONE
NO CRISI
mRS 2

CONSIDERAZIONI

- IN > 50 LGG RARI
- AREA FUNZIONALE ANATOMICA SPESSO NON CORRISPONDE AD AREA FUNZIONALE REALE → INDICAZIONE CHIRURGICA POSSIBILE
- MAPPING REAL TIME
 - PHASE REVERSAL
 - MEP CORTICALI
- CHIRURGIA PUÒ AVERE IMPATTO POSITIVO SU CRISI EPILETTICHE

CONCLUSIONI

- SOPRAVVIVENZA  ESTENSIONE DELLA RESEZIONE
- SOPRAVVIVENZA  mRS
- MAXIMAL SAFE RESECTION
 - FLUORESCENZE
 - NEURONAVIGAZIONE, RM/TC/ECO intraoperatorie
 - MONITORAGGIO INTRAOPERATORIO
 - PREVENZIONE COMPLICANZE ISCHEMICHE
- IMPATTO DELLA CHIRURGIA SU CRISI EPILETTICHE
- MULTIDISCIPLINARIETÀ FONDAMENTALE
 - MIGLIORAMENTO OUTCOME
 - IMPULSO ALLA RICERCA