see Magnetic resonance guided laser induced thermal therapy.

2020

Patients with GBM who received concurrent LITT and surgical resection at the Department of Neurosurgery, University of Texas MD Anderson Cancer Center, Houston were identified. Patient demographic and clinical information was procured from the University of Texas MD Anderson Cancer Center electronic medical record along with preoperative, postoperative, and 1-month follow-up magnetic resonance imaging (MRI).

Four patients (n = 2 male, n = 2 female) with Glioblastoma IDH wildtype who received combined LITT and surgical resection were identified and analyzed retrospectively. All patients received chemoradiotherapy before the presentation. All but one patient (75%) received resection before the presentation. The median age was 54 years (range: 44-56 years). The median length of hospital stay was 6.5 days (range: 2-47 days). The median extent of combined ablation/resection was 90.4%. One of the four patients experienced complications in the perioperative or immediate follow-up periods. Local recurrence was observed in one patient during the follow-up period.

Malignant gliomas in deep-seated locations or in close proximity to white matter structures are challenging to manage. LITT followed by surgical resection may provide an alternative for tumor debulking that minimizes potential morbidities and extent of residual tumor. Further studies comparing this approach with standard resection techniques are warranted.


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