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International Conference on

PUBLIC HEALTH, PSYCHIATRY AND NEURO-ONCOLOGY

August 14-15, 2019 | Tokyo, Japan

Palliative resection of metastatic brain tumors previously treated by stereotactic radiosurgery

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From 2009 to 2017, 215 patients with brain metastases were treated by Stereotactic Radiosurgery (SRS), among which 58 patients underwent surgery. Sixteen of them underwent surgery after SRS due to neurological deterioration, of which pathologies were classified as three groups. Group-1 was radiation necrosis (n=5), group-2 was mixed type with radiation necrosis and tumor remnant (n=2) and group-3 was tumor dominant type (n=9). We compared the surgical outcomes in respect of steroid and/or Mannitol dosage, Karnofsky performance scale and pathological subgroups. The median overall survival was 11 months (range, 2-40 months). Six, 12 and 24 months survival rates were 64.3, 42.9 and 28.6 months, respectively. Improvement of KPS was achieved in 50% of cases after surgery. The overall survival of the group-1 (26.6 months) was significantly longer than the other groups (11.5 months). Additionally the patients were able to be weaned from medications after surgery in 12 cases and dosage reduction in six cases. The time interval within three months between the SRS and surgery seemed to be related with better local control. We suggest in patients with brain metastases who had undergone SRS and radiologic and symptomatic progression, palliative resection to relieve neurologic and radiologic deterioration.

Biography

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