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Surgery for Spinal Meningioma in Older Patients

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Introduction

The majority of spinal meningiomas (SMs) are benign, intra dural, extramedullary and slow-growing tumors. They account for 25–46% of all primary spinal tumors and about 12% of all meningiomas. The thoracic spine is the most common location for these lesions, which originate from the arachnoid meningothelial cells. Slow-growing lesions called SMs cause myelopathy and chronic compression of the spinal canal. Local pain is the most common symptom, but in many cases, the condition is only diagnosed when an acute neurological decline occurs. According to a number of studies, SM incidence peaks between the sixth and eighth decades. As a result, the treatment of symptomatic SMs in the elderly population has received more attention as a result of rising life expectancy and rapid advancements in medical care. The primary objective of spinal tumor surgery is sufficient decompression of the spinal cord and/or spinal roots by radical tumor resection via simple laminectomy or hemi laminectomy to reverse preoperative neurological deficits and prevent neurological deterioration. However, older patients have a higher risk of peri- and postoperative complications due to their lower baseline reserve, which can lead to poor surgical outcomes.

Description

A few studies on older people with SMs showed that older age might not be a problem for having surgery and might help people recover their ability to function normally. Despite this, there are no studies in the literature specifically addressing the surgical treatment of octogenarians with SMs, who are thought to have a higher risk of both morbidity and mortality. Our study's objective was to assess morbidity and mortality rates, identify potential risk factors for postoperative complications and describe the clinical course of SMs in octogenarians with acute onset of neurological illness. This is, to the best of our knowledge, the first systematic study to look at the clinical course of surgical treatment for SMs only in patients younger than 80 years old [1].

In octogenarians with progressive neurological decline undergoing posterior surgical decompression and tumor resection, we looked at mortality and morbidity rates as well as potential risk factors for complications. Octogenarians presented with high comorbidity rates (mean age-adjusted CCI, 8.9), which indicates high levels of frailty, according to our findings. Notably, all patients had at least one motor deficit (mean MS 85.9) and presented with higher grades of disability (mMCS 4). With 6.7% and 10%, respectively, the in-hospital and 90-day mortality rates were fairly high. With a mean mMCS of 1.8 following surgery, patient's neurological deficits and levels of dependency were significantly reduced, indicating restoration of walking ability. Strangely, higher paces of comorbidities were a special gamble factor for the event of entanglements, while the length or degree of medical procedure or patients neurological circumstances was not. Almost all SMs were WHO and 83.3% of patients underwent Simpson Grade 2 resection. No additional surgery was required due to secondary instability or tumor recurrence during the two-year follow-up period [2].

The fact that this study is the first to look at the clinical course and outcomes of octogenarians with SMs undergoing surgical resection is one of its strengths. However, there are some limitations to this study. In the beginning, only a small number of patients were included. There has not yet been a comprehensive examination of this subset of patients. Despite this, we believe that our findings present a realistic picture of the progression and treatment of the disease. Second, due to the study's exclusion of patients who displayed signs of instability, we were unable to provide information regarding additional adjuvant treatments. There is a possibility of selection bias because we only included patients with novel radiologically or histologically confirmed SM and neurological deficits with acute onset. However, we provided information regarding a uniform cohort; as a result, there was no cross-over, which could have had a significant impact on the functional results of this study. Additionally, the retrospective study design might have been the sole cause of selection bias. There may be additional differences in outcomes and recurrence rates that can be discovered through a comparative analysis of younger patients [3].

Despite this, the goal of this study was to emphasize the unique management of octogenarians with SMs because this group typically requires a lot of health care interventions, especially surgical ones. In addition, because of their frailty, octogenarians have only been included incidentally in previous studies. As a result, we believe that this study demonstrates the need for surgery even in such a debilitating cohort and may assist physicians in making decisions regarding an emergency due to the acute neurological decline [4]. The proportion of older patients, particularly octogenarians, with spinal tumors and meningiomas is rapidly rising in tandem with global increases in life expectancy. It is possible for SMs to remain neurologically silent for longer periods of time, resulting in vague, subtle symptoms like local or radicular pain. Additionally, due to the diminished baseline reserve of the elderly, these symptoms may be misinterpreted, resulting in significant delays in prompt diagnosis and treatment. Even though the presence of progressive neurological deficits confirms the diagnosis, it is still difficult to treat this subset of patients optimally due to the higher risks of morbidity and mortality associated with their underlying diseases [5].

Conclusion

Because these patients may require a different treatment, a separate analysis of this group ought to be carried out. In fact, this patient population warrants large prospective studies to investigate therapeutic trends and clinical outcomes. Due to the increased risk of perioperative morbidity and mortality, patients younger than 80 have been regarded as "high-risk" candidates for spinal surgery over the past few decades. The current study backs up the idea that patients advanced age might not be a problem for SM surgery because it can significantly improve their quality of life. However, patients and their loved ones should be informed about the surgical procedure and any potential complications, such as morbidity. However, with prompt evaluation and early surgery following acute onset, octogenarians quality of life can be preserved or enhanced.

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