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# Surgical outcome of patients considered to have "inoperable" tumors by specialized pediatric neuro-oncological multidisciplinary teams.

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### Abstract

**PURPOSE:** Despite the lack of evidence in literature, it is widely felt that patient outcomes will be improved by adopting a multidisciplinary team (MDT) approach to children with brain tumors. This study focuses on a series of pediatric patients treated surgically despite a MDT recommendation against surgery. **METHODS:** A retrospective study was conducted on all pediatric brain and spinal cord tumor patients operated in a single center from 1999 to 2009. Of the 256 surgical patients, 47 patients (18%) had been previously seen by a MDT who had recommended against surgery. Details of preoperative treatment, diagnosis and clinical status, postoperative diagnosis, early and late outcomes, progression-free survival and overall survival, and parental satisfaction were reviewed. **RESULTS:** There was a single case of surgical mortality, and 14 patients have since died from their primary disease an average of 21 months after surgery. Of the patients who are alive, only four (12.5%) have permanent neurological sequelae despite nine patients presenting in a terminal status. In ten cases, radical removal of the tumor resulted in a change in histological diagnosis, usually from a presumed diagnosis of malignancy to a more benign variety (n = 6). Not a single parent expressed regret over the decision to undergo surgery. **CONCLUSION:** In the majority of patients, surgical decision making is congruent with the collective opinion of dedicated pediatric neuro-oncological MDT. However, sometimes the surgeon's opinion may be incongruous with MDT recommendation. This series demonstrates the dramatic and favorable potential long-term outcomes that may be achieved with surgery of so-called inoperable lesions.

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