

PubMed

U.S. National Library of Medicine
National Institutes of Health



Display Settings: Abstract

Curr Neurol Neurosci Rep. 2010 May;10(3):224-31.

Management of low-grade glioma.

Pouratian N, Schiff D.

Department of Neurosurgery, David Geffen School of Medicine at UCLA, 10945 Le Conte Avenue, Suite 2120, Los Angeles, CA 90095, USA. npouratian@mednet.ucla.edu

Abstract

The optimal management of patients with low-grade glioma (LGG) is controversial. The controversy largely stems from the lack of well-designed clinical trials with adequate follow-up to account for the relatively long progression-free survival and overall survival of patients with LGG. Nonetheless, the literature increasingly suggests that expectant management is no longer optimal. Rather, there is mounting evidence supporting active management including consideration of surgical resection, radiotherapy, chemotherapy, molecular and histopathologic characterization, and use of modern imaging techniques for monitoring and prognostication. In particular, there is growing evidence favoring extensive surgical resection and increasing interest in the role of chemotherapy (especially temozolomide) in the management of these tumors. In this review, we critically analyze emerging trends in the literature with respect to management of LGG, with particular emphasis on reports published during the past year.

PMID: 20425038 [PubMed - in process] **Free PMC Article**

[LinkOut - more resources](#)

You are here: [NCBI](#) > [Literature](#) > [PubMed](#)

[Write to the Help Desk](#)