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Management of Meningeal Neoplasms: Meningiomas and Hemangiopericytomas.

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Abstract

OPINION STATEMENT: Meningiomas are the most frequently diagnosed primary brain tumor accounting for nearly one third of all primary brain and central nervous system tumors reported in the United States. According to the 2007 World Health Organization classification scheme, Grade I meningiomas are benign, Grade II defines atypical lesions, while Grade III meningiomas are anaplastic or frankly malignant tumors. Not surprisingly, Grade II and III meningiomas usually follow a more aggressive course and confer a worse prognosis. The diagnosis of meningioma is confirmed by pathologic examination and improvements in imaging help to better define when observation versus intervention is appropriate. Surgical resection, when possible, is the mainstay of treatment. When complete resection is not possible, stereotactic radiosurgery (SRS) can result in disease stabilization. Chemotherapy has yet to result in reproducible long-term disease free or overall survival benefits. Biologic agents remain under investigation. Hemangiopericytomas are rare dural based sarcomas. These tumors are known for their aggressiveness, high recurrence rates and their proclivity to metastasize to extracranial locations. Gross total resection when feasible remains the treatment of choice.

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