

Meningiomas Around The Sella - A Personal Perspective

Stefan Florian^{1,2}, Cristina Aldea², Bianca Pinteaa², Moraru Lucian², Zorinela Andrasoni²

1- *University of Medicine and Pharmacy "Iuliu Hatieganu" Cluj-Napoca, Romania*

2- *Dept. Of Neurosurgery Emergency University Hospital Cluj-Napoca, Romania*

Introduction:

Because their development in close relationship with optic nerves, carotid artery, pituitary gland and stalk, hypothalamus, meningiomas located around the sella poses great surgical challenges.

Methods:

We present a retrospective study on 314 meningiomas located around the sellar region (91 being located on tuberculum sellae region) from a personal series of 1165 operated intracranial meningiomas (1110 new cases), in the last 18 years. Fronto-lateral approach was the chosen route for majority of cases in the last years.

Results:

Sellar and parasellar meningiomas represent 28% of all intracranial meningiomas in our experiences. Pathology demonstrate a predominance of grade I meningiomas, with only 6% of them having a malignant behavior. All cases underwent surgery by intracranial approaches, FT (fronto-lateral variant) approach being the preferred route. In 96,3% a Simson grade I and II was achieved. The postoperative complications consisted in: transient visual alteration, transient diabetes insipidus, transient motor deficit, laceration of ICA, hydrocephalus, with a mortality rate of 1% in this difficult location.

Conclusions:

Most of these meningiomas can be removed completely and safely at the first surgical attempt. In our opinion the FL approach represent the proper way to completely remove tumors in this location, with optic canal unroofing shaped to the meningioma's extension

Keywords: Cranial base; Meningiomas; Tuberculum sellae; Fronto-lateral craniotomy;