

# Surgical management of spheno-orbital meningiomas

Kimihiko Nagatani · Satoru Takeuchi · Naoki Otani · Hiroshi Nawashiro

Received: 17 March 2011 / Accepted: 19 April 2011 / Published online: 7 May 2011  
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We read with great interest the article entitled “Natural history of spheno-orbital meningiomas” by Saeed et al. [3]. The authors investigated the natural history and growth rate of spheno-orbital meningiomas (SOMs). They reported that a significant number of SOMs were slow-growing tumors and that the initial volume of the tumor and of the soft tissue component was significantly related to the growth rate. Therefore, they advocated a “wait and see” policy in the absence of risk factors. We wish to provide further comment on the issue of surgical morbidity and mortality, which was anticipated by the authors, in the case of SOMs. Oya et al. [2] reviewed 39 patients who had SOMs and had undergone surgery; they reported that persistent oculomotor palsy occurred in three cases (7.7%). They avoided radical resection of portions of the tumor that extended into the cavernous sinus (CS) and superior orbital fissure (SOF) in order to minimize the risk of permanent oculomotor nerve palsy. Mirone et al. [1] also studied a series of 71 patients who had undergone surgery for SOMs. They reported that persistent oculomotor palsy occurred in three cases (4.2%) and that there were no perioperative deaths related to surgery. In their series, the CS and SOF constituted the surgical limits in order to avoid the risk of permanent cranial nerve deficit. On the basis of these reports, we

consider that low morbidity and mortality rates can be achieved with surgery limited by the CS and SOF. Unfortunately, the biological behavior of SOMs varies, and some SOMs grow much faster than others [1, 3, 4]. Therefore, we feel that good tumor control of SOMs without morbidity is essential and that resection should be limited up to the CS and SOF to achieve adequate tumor resection with low morbidity.

**Conflicts of interest** None.

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K. Nagatani (✉) · S. Takeuchi · N. Otani · H. Nawashiro  
Department of Neurosurgery, National Defense Medical College,  
3-2 Namiki,  
Tokorozawa, Saitama 359-8513, Japan  
e-mail: naval.kimi@gmail.com