



SANAMI

Sydney Acoustic Neuroma and Meningioma Institute

Jugular Foramen Tumours (glomus tumours, paraganglioma, schwannoma, meningioma)

Glomus tumours (paraganglioma) affecting the skull base are some of the most complex and difficult tumours to treat. These tumours are largely benign (although occasionally they can spread) and usually the tumours have a high blood flow through them. A small portion of these tumours can secrete hormones that can affect blood pressure.

Most patients present with hearing loss and a pulsation sound in the ear (hearing your own heart beat in your ear). Diagnosis is made by clinical suspicion and with high quality CT and MRI imaging (Figures 7).

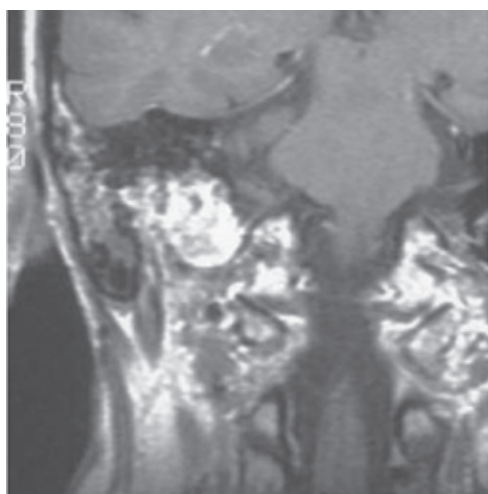


Figure 7 – MRI Scan of a glomus tumour (paraganglioma) of jugular foramen

Once the diagnosis is confirmed, three broad management options exist depending on the patient's general health, tumour size / growth rate and the tumour's affect on other critical nerves. The SANAMI team will discuss and assess your case on an individual basis depending on these factors and offer one of three management options. Watchful waiting, where the tumour is closely observed with MRI scans to see if it is growing. Radiation therapy, is the second option, where radiation is used to arrest tumour growth. Glomus tumours are not particularly sensitive to radiation therapy, however, this treatment is used in the elderly, infirm or when patients are refusing surgery.

Microsurgical excision (+/- nerve grafting) is the gold standard for treatment of these tumours.

Your SANAMI team that assesses glomus (paraganglioma) tumours includes specialist skull base neurosurgeons and a neurotologist (ear surgeon with specialist glomus tumour training). The team discusses each case, evaluates the MRI images and offers the most appropriate management option based on each person's individual circumstance and tumour.

If surgery is required, frequently a specialist neuroradiologist is enlisted to pre-operatively block off the arteries that supply the tumour and reduce bleeding during the operation. Along with your specialist surgical team our group only works with specialist trained neurosurgical anaesthetists, neurosurgical/ neurotological surgical nurses and neurosurgical ICU nurses. If surgery is appropriate for you and you elect to proceed with the operation, then your first post operative night and day will be in one of Australia's most well respected and largest ICU units, North Private ICU. The rest of your aftercare will be in a specialist neurosurgical post operative ward with neurosurgical nurses.

At SANAMI, some of our senior skull base neurosurgeons established the Sydney Neuro-oncology Group (SNOG) for the advancement of molecular research into skull base tumours. If you do decide to proceed with surgery, then we will ask you to agree to include a small portion of your tumour (once it has been removed) in our research. A small piece of the tumour will be removed and sent to the SNOG research centre, in the North Shore Campus, to join one of Australia's largest molecular skull base tumour databases. The SNOG group are actively researching molecular mechanisms of skull base tumour genetics, growth and development.

Patient's with a glomus (paraganglioma) tumour expect excellent care. At SANAMI we look forward to providing you with the highest quality, most ethical, comprehensive and compassionate care possible. Visit the SANAMI difference www.sanami.com.au