



# SANAMI

Sydney Acoustic Neuroma and Meningioma Institute

## Meningiomas

Meningiomas are tumours arising from the lining of the brain or spinal cord (the meninges). They can occur anywhere inside the skull, but often arise from the meninges at the Base of Skull. Here they present as an extraordinarily difficult problem because of the involvement of major arteries and nerve that traverse the base of skull. Commonly they present with cranial nerve abnormalities including loss of smell, visual loss, double vision, numbness or weakness on the face, hearing loss, balance problems, swallowing difficulties, hoarse voice or tongue weakness. Alternatively they present with symptoms of raised intra-cranial pressure such as headache, nausea and vomiting, and occasionally seizures.

The majority of meningiomas are benign slow growing tumours, so they may reach considerable size as the brain slowly compensates for their presence. Eventually the brain can compensate no more, and symptoms rapidly develop. A small proportion of meningiomas are "atypical" or pre-malignant, whilst an even smaller proportion are frankly malignant (cancerous).

Most meningiomas are solitary spontaneous tumours, the cause of which remains unknown. In rare cases, multiple meningiomas can occur in a condition called "meningiomatosis". This latter condition may be hereditary.

Once the diagnosis is confirmed with CT and MRI imaging, three broad management options exist depending on the patient's general health, tumour size/growth rate and tumour location (relationship to critical structures). The SANAMI team will discuss and assess your case on an individual basis depending on these factors and offer one of three management options. The first is watchful waiting, where the tumour is closely observed with MRI scans to see if it is growing. Radiotherapy is the second option, to attempt to arrest the growth of tumour. Microsurgical excision is the gold standard for most meningiomas.

Your SANAMI team that assess meningiomas includes specialist skull base neurosurgeons and specialist ENT surgeons (Neurotologist and neurorhinologist). The team discusses each case, evaluates the MRI and CT images, and offers the most appropriate management option based on each person's individual circumstances and tumour. Along with your specialist team our group only works with specialist trained neurosurgical anaesthetists, neurosurgical/ENT surgical nurses and neurosurgical ICU nurses. Our surgical results compare favourably with the largest and most respected units in the world.

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 respected and largest ICU units, at North Shore Private Hospital. 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.

Patients with a meningioma 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](http://www.sanami.com.au)

