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THE ROLE OF RADIOSURGERY IN THE MANAGEMENT OF GLOMUS TUMOURS

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Objective & Purpose: Glomus tumours are benign slow-growing hypervascular neoplasm. The role of radiosurgery as primary treatment modality has increased. Treatment options include period of observation, surgical resection, embolization, radiotherapy or combination of them. Typically, radiotherapy treatment has been used for unresectable, partially resected and recurrent tumours. However, the number of reports on the use of SRS as primary treatment modality has increased. The objective of this study is to show our experience and to analyse different prognosis factors.

Material & Methods: Data from 40 consecutive adult patients, who were treated between Dec' 1997 and Dec' 2012, were retrospectively analysed. All of them underwent head frame stereotactic radiosurgery (SRS) with linear accelerator (LINAC) as primary, adjuvant or salvage treatment for glomus tumours. Tumour and clinical control was calculated using the Kaplan-Meier method. Bivariate statistical analyses were performed to examine different prognosis factor, using logistic regression analyses.

Results: The median follow-up was 71 months. The radiological local and symptomatic control was achieved in 37 (92.5%) and 29 (72.5%) patients respectively. Toxicity was detected in 4 patients (10%) with new symptoms related to impairment of V, VIII and X cranial par. In the bivariate analysis, dose coverage and maximum dose were associated with tumor control with an OR of 5.29 (p=0.041) and 2.67 (p=0.056) respectively.

Conclusion: SRS is a safe and efficacious treatment for glomus tumours that is associated with high probability of radiological and symptomatic control and low incidence of morbidity.

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