

6th World Congress on

NATURAL PRODUCT & SYNTHETIC CHEMISTRY & 3RD ANNUAL CELL CONGRESSS

June 24-25, 2019 | New York, USA

Malignant pathology of brain meningioma tumor as the best predictor for mortality and recurrence rate of meningioma

Mojtaba Mafi and Fateme Rezvani

Tehran University, Iran

We studied on meningioma among 614 patients with Brain tumor (consists of meningioma, glioma and pituitary tumor). 145 patients had meningioma. Our results are in various topics: clinical features of meningioma, anatomical distribution, radiation induced meningioma, meningioma and foster Kennedy syndrome, meningioma and pseudo foster kennedy syndrome, multiple meningioma, post traumatic and skull fracture meningioma, cutaneous meningioma, meningioma and DVT, trigeminal neuralgia and meningioma, recurrent meningioma, meningioma mortality rate and some others. We are going on to continue this study. This research project has been held in neurosurgery ward Shariati Hospital and had been scientifically registered. We studied during 6 years on meningioma patients to find the risk factors for meningioma recurrence as well as answer to these questions. We found that 20.7% of all patients with meningioma recur after 4.6 years after surgery. Female to male ratio was 1.72 among recurrent tumors with no significant difference with this ratio

among all meningioma study sample was 1.96 but it seems recurrence rate is more among men. The more prevalent anatomical location for overall recurrence was: Convexity: 43.3%, Parasagittal: 26.7%, Sphenoid wing: 16.7%, Tumor specific recurrence rate: Parasagittal: 42%, Tentorial: 33.3 %, Convexity: 27.6%. Tumor specific mortality rate: C-P Angle: 33.3% Petroclival: 25%, Sphenoid wing = Convexity: 16.7%. Mortality rate among recurrent meningioma patients is 13.3% in compare with primary meningioma patients' mortality rate that was 6.9%, is approximately 2 times more. 75% of recurrent tumors with mortality were malignancy meningioma pathologically or anaplastic meningioma, it shows that cellular malignancy pathology has an important role for meningioma mortality and recurrence. We dedicate with honor the surgical procedures in details; follow up outcomes, history of radiotherapy and cellular pathology at oral presentation time.

Mojtaba1981@gmail.com