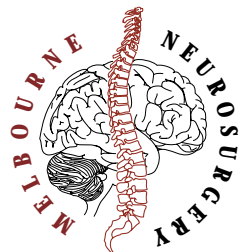


SPINAL MENINGIOMA



WHAT IS A MENINGIOMA ?

This is a tumour that has grown from one of the tissues that line the brain and spinal cord (called meninges). The particular layer of the meninges is said to be the Arachnoid Layer (called this because it is spider web like in appearance). It is one of the common tumours around the spinal cord. It is unclear what causes the meningioma to occur.

IS IT A MALIGNANT TUMOUR ?

Malignant usually means that the tumour spreads to other parts of the body. These tumours grow locally and although can grow in difficult to access areas they are benign.

HOW DOES THE TUMOUR GROW ?

It generally grows as a lump (like a golf ball) but it can invade the dura (lining around the spinal cord).

WHO GETS THIS LESION ?

Anybody can get a meningioma around the spinal cord but they are more common in women and they usually occur in the thoracic region or at the junction between the thoracic and cervical regions.

HOW QUICKLY DO THEY GROW ?

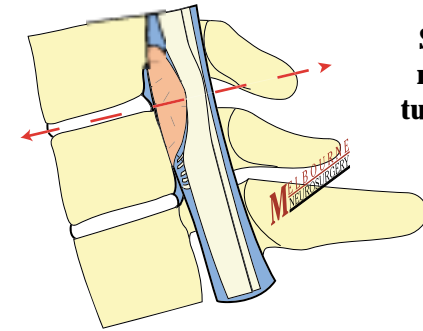
Very slowly in most cases. You may develop symptoms over a short time but this is usually because the spinal cord can no longer get out of the way of the tumour.

HOW IS THIS DIAGNOSED ?

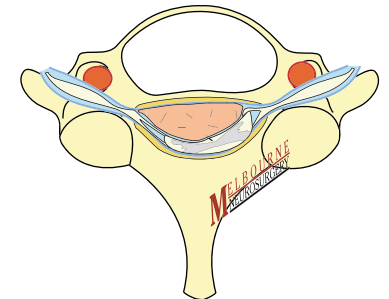
Your doctor will usually make the diagnosis of a problem with the spinal cord from the symptoms that you have.

There can be similar symptoms with pressure on the spinal cord from a degenerative spine or disc prolapse.

The tumour usually causes problems with the spinal cord or the nerves that leave it.



Spine cut down middle showing tumour in front of spinal cord



Cross Section of tumour at dotted line in above illustration

If it is pressing on the spinal cord you are likely to have had problems with your walking (usually increasing unsteadiness or weakness). It may produce back pain or tingling and numbness in your legs. If it presses on a nerve then you may have pain or weakness in that nerve.

HOW DO WE KNOW IT IS THERE ?

You have normally been seen by your local doctor and he has organised a CT scan otherwise you have presented to the emergency department. If your local doctor discovered the lesion in the spine or is suspicious of an abnormality and he will send you for an opinion.

You are referred to a specialist after the CAT scan in most cases and they organise any further investigations. The common specialists to be referred to are:

Neurosurgeons
Neurologists

It can be difficult to diagnose and usually you will have significant symptoms by the time it is found. It does not always show up on a CAT scan on the spine and in these cases if we suspect something you will have an M.R.I. scan.

Even when we know there is a tumour on the CAT scan we may still do an M.R.I. (more sensitive) to see how extensive the tumour is, to confirm it is a meningioma and to help plan surgery if needed.

Sometimes the meningioma can be found when you are having an M.R.I. for degenerative spine disease. In these cases the tumour may not have been causing any problems.

The meningioma has a fairly typical appearance on the M.R.I scan so we are usually sure what the lesion is. The other possibility on the scan is a tumour of the nerve root(Schwannoma).



M.R.I. showing tumour in front of spinal cord

WHAT HAPPENS NEXT ?

The best treatment is surgical excision as this is the best way to cure your tumour. To do this not only does the tumour need to be removed but also the dura that is growing on. If the lesion has been found by a Neurologist he will refer you to a Neurosurgeon for an opinion as to whether the tumour is safe to be removed.

If the problems with your legs is severe he will start you on some steroids to reduce the swelling in the spinal cord prior to surgery.

You may need to have a test to find the main artery that supplies the spinal cord to make sure that this is not involved in the tumour.

If the lesion is safe to be removed surgery will be offered

If the lesion is small and was found by accident then we may elect to just observe it as we know that they grow slowly.

IF YOU NEED SURGERY WHAT WILL IT BE ?

This depends on the location of the tumour and your surgeon will discuss this with you.

After surgery

You will be slowly taken off any steroids that you are on. If the tumour has been totally removed then you will be told this and we will do follow up M.R.I. scans of the spine to confirm this. These are performed for the next five years. The initial scan is at 6 months.

If subtotal removal is performed we still do regular scans and this is to watch the tumour to see how fast it grows. Some grow very slowly and may remain the same size for 10 or more years. Others may grow more quickly.

What happens if it comes back after surgery ?

Initially further surgery will be offered if this is possible. Sometimes X ray therapy is suggested if the tumour is not able to be removed safely by surgery.

PROGNOSIS

This depends on a few major criteria

The most important is the extent of resection. If all the tumour and the place it has grown from can be removed then it is unlikely to come back. The tumours that are behind the spinal cord are of this type, their location permits total resection. Tumours around the front of the spinal cord are more difficult to completely resect.

As a general rule they are slowly growing lesions and the chance of becoming paraplegic from the tumour is extremely small.

Most can be managed by either complete resection or by removing the pressure on the spinal cord each time the tumour grows when it cannot be totally resected

FOR ABOVE PROCEDURES SEE THE RELEVANT PROCEDURE LEAFLET

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