



شبكة المعلومات الجامعية
التوثيق الإلكتروني والميكرو فيلم

بسم الله الرحمن الرحيم



MONA MAGHRABY



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شبكة المعلومات الجامعية التوثيق الإلكتروني والميكروفيلم



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جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

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MONA MAGHRABY



Management of Vestibular Schwannoma

Thesis

*Submitted for partial fulfilment of M.D. degree
in Neurosurgery*

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

قالوا

سببنا انك لا تعلم لنا
إلا ما علمتنا إنك أنت
العليم العظيم

صدقة الله العظيم

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List of Abbreviations

Abb.	Full term
<i>APA</i>	<i>Anterior porous acousticus</i>
<i>PPA</i>	<i>Posterior porous acousticus</i>
<i>CPA</i>	<i>Cerebello-pontine angle</i>
<i>EOP</i>	<i>External occipital protuberance</i>
<i>FN</i>	<i>Facial nerve</i>
<i>GRE</i>	<i>Gradient echo image</i>
<i>HSC</i>	<i>Horizontal semicircle canal</i>
<i>IAC</i>	<i>Internal auditory canal</i>
<i>IVN</i>	<i>Inferior vestibular nerve</i>
<i>LS</i>	<i>Lateral (transvers) sinus</i>
<i>MCP</i>	<i>Middle cerebellar peduncle</i>
<i>PP</i>	<i>Prepontine cisterne</i>
<i>SS</i>	<i>Sigmoid sinus</i>
<i>VS</i>	<i>Vestibular shwannoma</i>

INTRODUCTION

Vestibular schwannoma (VS) is considered histologically a benign tumor and is currently preferred over the older term (Acoustic neuroma) as it usually arises from the superior division of the vestibular nerve and not the acoustic nerve in the cerebellopontine angle. (VS) Is one of the most common intra cranial tumors, comprising 8-10% of tumors in most series. Annual incidence is probably about 1.5 cases per 100,000 population (*Mark, 2010*), over the past couple decades this estimate has increased and the typical size at diagnosis has decreased as a result of the proliferation of the MRI scans, (VS) Typically become symptomatic after the age 30 and at least 95% are unilateral (*Mark, 2010*).

Treatment options of (VS) include observation & follow up, radiation therapy, and microsurgical removal via one of several approaches guided by the size and the clinical state of the patient (*Brackmann and Green, 1992*).

Microsurgery is the main treatment option, and complete resection is considered the primary goal, however previous studies have documented suboptimal facial nerve outcomes in patients who undergo complete resection, subtotal resection is likely to reduce the risk of facial nerve injury but increases the risk of lesion regrowth and here comes the role of gamma knife to achieve a long term control of the residual part (*Richard et al., 2012*).

AIM OF THE WORK

Evaluation of the (VS) management algorithm especially the increased use of partial resection of large (VS) followed by Gamma knife.