بسم الله الرحمن الرحيم

MONA MAGHRABY

شبكة المعلومات الجامعية

التوثيق الالكتروني والميكروفيلم

MONA MAGHRABY

جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

قسم

**نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها
علي هذه الأقراص المدمجة قد أعدت دون أية تغيرات**

يجب أن

تحفظ هذه الأقراص المدمجة بعيدا عن الغبار

MONA MAGHRABY

Management of Vestibular Schwannoma

Thesis

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

By

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بسم الله الرحمن الرحيم

قالوا

سبحانك لا علم لنا
إلا ما علمتنا إنك أنت
العليم الحكيم

صدق الله العظيم

سورة البقرة الآية: ٣٢

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List of Abbreviations

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

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.