

# MENİNJİYOMLARDA YÖNETİM SEÇENEKLERİ VE CERRAHİ PRENSİPLER

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## Giriş

Meninjiyomlar tüm primer santral sinir sistemi tümörlerinin yaklaşık üçte birinden sorumlu olan, erişkinlerde sıklıkla görülen tümörlerdir. Bu tümörler morfolojik, immünohistokimyasal ve ultrastrüktürel olarak normal meningotelyal hücelere benzeyen hücrelerden oluşur; bu hücreler beyin ve spinal kordu döşeyen meningeal hücrelerden köken alırlar (1). Tümörlerin çoğu benign olmasına rağmen santral sinir sistemindeki konumları ciddi morbidite ve mortaliteye yol açabilmektedir (2). Meninjiyomların az bir kısmı malign olarak sınıflandırılırlar ve bunlar daha sık tekrarlarla seyretmektedir. Meninjiyomların klinik seyri tümörlerin sinir sistemindeki yerleşim yeriyle yakından ilişkilidir. Çoğunlukla beyin' in durameteri ile ilişkili olan bu tümörler çevre dokuya doğru bası oluşturarak büyürler. Meninjiyomların kitle etkisine bağlı spesifik olmayan baş ağrıları ve nöbetler görülebilmektedir. Diğer sorunlar arasında kişilik değişiklikleri ve duyuşsal kayıplar da yer alır (1, 3).

Meningotelyal hücrelerden kaynaklanan yavaş büyüyen neoplazmalardan olan meninjiyomlar, sınıflandırma ve biyolojik davranışlarına göre üç ana gruba ayrılır. Çoğu meninjiyom Dünya Sağlık Örgütü'nün (DSÖ) belirlediği histolojik olarak Sınıflandırma I (benign) grubudur. Belirli histolojik alt tipler veya morfolojik parametrelerin spesifik kombinasyonlarına sahip meninjiyomlar, daha az olumlu klinik sonuçlarla ilişkilidir ve histolojik olarak DSÖ Sınıflandırma II ve III'e karşılık gelir (1).

Parasagittal yerleşimli meninjiyomlar bacaklarda kuvvet kaybı ve üriner incontinansa, parasellar ve orbital yerleşimli meninjiyomlar görme bozukluklarına, spinal yerleşimli meninjiyomlar ise motor ve duyu kayıplarına, serebellopontin köşe yerleşimli meninjiyomlar da duyma kaybına neden olabilir. İntraventriküler yerleşimli meninjiyomlar ancak kritik büyüklüğe ulaştığında semptomatik olurlar (1, 4).

uzmanların dahil olmasıyla tedavide gelişmeler kaydedilmiştir. Bu sayede gelecekte Nöroşirürji uzmanları cerrahi becerilerini, güncel literatürleri takip ederek geliştirebilecek ve hastalar da bu becerilerden faydalanmaya devam edebileceklerdir.

**Anahtar Kelimeler:** Meningiom, Lokalizasyon, Nöroşirürji, Terapötik radyasyon, Rekürrens, Gamma Knife

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