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Original Article

Atypical and Malignant Meningiomas: Neurooncologic Management in a Brazilian cohort

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Objective

To analyze the surgical and oncologic treatment of a Brazilian cohort of patients with grade II and III [meningioma](#) at a follow-up time of 15 years to get an overview

Methods

[Cross-sectional study](#) of 43 patients (26 women, 17 men; age : operated on from 2000 to 2014 at a single institution, with the grade II (39 patients) and grade III (4 patients).

Results

[Radiotherapy](#): 24 patients (55.81%) underwent radiotherapy; the time between the [surgical procedure](#) and the beginning of radiotherapy was 5 months; 7 patients with a diagnosis of AM underwent a new surgical procedure, albeit of [adjuvant therapy](#), because of [tumor recurrence](#), and only 3 of them underwent radiotherapy after the first resection. Mortality: in total, 19 deaths (44.18%) were identified in this sample: 15 (38.46%) with GII and 4 (100%) with GIII. The 10-year survival was expected in 35% of GII patients and 0% of GIII patients.

Conclusion

Surgery is still the main form of treatment and the mainstay for prolonging survival. Radiotherapy is still controversial; however, we observed its positive impact on [recurrence and progression-free survival](#).

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Key words

Atypical meningioma; Malignant meningioma; Progression-free survival

Abbreviations and Acronyms

AM, Atypical meningioma; GI, Grade I meningioma; GII, Grade II meningioma; GIII, Grade III meningioma; GTR, Gross total resection; MM, Malignant meningioma; STR, Subtotal resection

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