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O-ONC-43 - EPIDEMIOLOGICAL PROFILE AND FOUND INTRA OPERATIVE OF GLIO-BLASTOMA MULTIFORME IN NEUROSURGERY SERVICE OF SANTA CASA OF RIBEIRÃO PRETO HOSPITAL - SP (HSCMRP)

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Resumen

Introduction: Glioblastoma Multiforme (GBM) or Astrocytoma grade IV (WHO), represent 15-20% of CNS tumors and approximately 50% of gliomas in adults. Primary, originate in older patients with short clinical history, secondary, develop from glioma grades II and III.

Objectives: To reveal the epidemiological profile of HSCMRP, correlate macroscopic and microscopic findings during surgery with tumor aggressiveness of GBMs, treated from January 2011 to November 2015 period.

Material and methods: Epidemiological study observational, descriptive, retrospective, of medical records of 429 cases of intracranial tumors from data obtained from the files of the institution and pathological records of patients treated surgically. The variables were: age, sex, comorbidities, preoperative clinical, time of onset of symptoms to surgery, topography, preoperative clinical, macro and microscopic aspects intraoperatively, degree of resection and time to relapse.

Results: Total tumors found 429 (100%) and total GBM 96 (22.37%) with a mean age of 59anos (6-89 years). The majority is between the sixth decade of life 25% (51-60 years) and the seventh decade of life 33% (61-70 years). Predominated White people (86%). A relationship between men and women was 1:1.12. The most common complaints were headache (58%), confusion (41%), dizziness (8%), depression (8%) and seizures (8%). With hemiparesis on admission 37%. Most prevalent comorbidities: hypertension (64%) and diabetes (22%). Smokers (24%). Most common topography were followed by Left Front Temporal. The average time of onset of symptoms to surgery was 39 days. Complete resection in 76% of cases. The mean length of postoperative recurrence was 96 days, but in 22 cases of this group (22.9%) who had relapsed in less than 60 days, 15 patients (68%) were noticed an exuberance of thrombosed vessels during surgery, with matching patients with short time to relapse. Pathological findings: necrosis 98%, atypical mitosis 96%, microvascular proliferation 73% and nuclear polymorphism 57%.

Conclusions: Our results vary slightly with the literature. The association of intraoperative observation thrombosed vessels, tumor aggressiveness in patients with worse prognosis and shorter

time to relapse, suggests that it is real, however, the small number of cases, needs further investigation, including other findings and immunohistochemical results.