



PROGNOSTIC FACTORS AND SURVIVAL OF PATIENTS WITH ANAPLASTIC ASTROCYTOMA . (EP 0164)

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Objective

To find out which factors influence the prognosis, general well-being and survival of patients with anaplastic astrocytoma
A retrospective study was conducted with 70 patients to determine and understand the prognostic factors and how this affects the survival of patients with anaplastic astrocytoma.

Materials and methods

From 2003 to 2018, 70 patients were examined from the register of neurosurgical departments of the University Hospital of Privolzhsky Medical Research University and the Regional Oncology Center in Nizhny Novgorod in Russia, in which anaplastic astrocytoma was located at the supratentorial area with a follow-up from 12 months to 70 months. . 70 patients were divided by gender, 32 were men and 38 were women. The ratio of men and women was 1.1875. 18-70 years old was the age range of patients, with an average of 47 years
Neurological examination with MRI and CT was used mainly with functional MRI for tumors that were located in eloquent areas.
Clinically symptoms were
headache (60%), lethargy (55%),
vomiting / nausea (50%)
Seizures (40%).
Paresis (40%),
changes in personality or mental status (10%)
and pathological reflexes (30%)
90% of patients had MRI with or without contrast, while 10% had CT, 15% had functional MRI.

Results

The temporal and parietal lobes were the most affected areas (65%) with the frontal and occipital lobes (30%) and 5%, respectively. Tumors were about 15% larger than the size of the hemispheres, 60% of the tumors were found in the right hemisphere with an average diameter of 4 cm. A total of 70 patients had surgery. In the preoperative period, 40 operations showed an assessment of Karnofsky performance (KPS): ≥ 80 and 30 of the operations showed KPS < 80 . When we looked at surgical methods, complete or total resection was performed for 50 patients, and 18 subtotal resections were performed, biopsy excision for 2 patients, with awake craniotomy for 5 patients. Total resection surgery was done for patients whose tumors were not located near vital structures, as well as for older people with worse neurological status. The entire histology of the tumor biopsy taken during the operation was confirmed as an anaplastic astrocytoma. There were some early postoperative complications, such as wound infection, bleeding and leakage of cerebrospinal fluid, which was less than 2% with two patients needing a shunt after surgery

Conclusion

Factors such as tumor location, gender, tumor size, and the Karnofsky score were key to understanding the prognosis of anaplastic astrocytoma in our patients. Surgical techniques were also vital, since the almost complete resection gave results, rather than just a biopsy and those in which the resection was incomplete. The location of the tumor in the dominant hemispheres (left) also played a role in the outcome of the operation and the general well-being of the patient, while working with vital structures measures were taken to minimize the deficit.