

ABSTRACT NO:27
RESEARCH ARTICLE**Clinical Pattern And Surgical Outcomes Of Meningioma**

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Abstract

Objective: To determine the clinical pattern and surgical outcomes of patients with meningioma.

Methods: A retrospective observational study was conducted among 51 patients in the Department of Neurosurgery, People's University of Medical and Health Sciences, Nawabshah. Data were retrospectively collected of the period June 1, 2024, to May 31, 2025 by the authors from 16 July 2025 to 15th September 2025. Patients of all ages and both sexes diagnosed with meningioma and scheduled for surgery were included. Patients with a history of previous meningioma surgery or recurrent tumours were excluded. The minimum sample size was calculated as 50 using a 95% confidence level, an expected proportion of 20%, and a margin of error of 11%; 51 patients were included in the study. Ethical approval was obtained from the Institutional Review Board (IRB No. PUMHS/SBA/DME/543) on 15/07/2025.

Results: The study included 51 patients, comprising 37 (72.5%) females and 14 (27.5%) males, with a mean age of 44.5 ± 16.53 years (range, 30–70 years). According to the reported Simpson grading, 17 (33.3%) patients underwent grade 0 resection, 6 (11.8%) grade 1, 19 (37.3%) grade 2, 8 (15.7%) grade 3, and 1 (2.0%) grade 4 resection. At 10-month follow-up, 39 (76.5%) patients had good surgical outcomes. Postoperative wound infection occurred in 5 (9.8%) patients. Thirty-seven (72.5%) patients had no postoperative neurological deficit, while 7 (13.7%) developed a neurological deficit. Seven (13.7%) patients were lost to follow-up. Thirteen (25.5%) patients who initially presented with weakness showed improvement over time.

Conclusion: Most patients with meningioma had favourable surgical outcomes following resection. Postoperative wound infection and new neurological deficits occurred in a minority of patients. Careful surgical planning and appropriate postoperative management remain important for optimizing outcomes.

Keywords: Meningioma; Surgical outcome; Gross total resection

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