



INTERNATIONAL
MENINGIOMA
SOCIETY



In collaboration with



International **Meningioma** **Society Meeting**

8-11 May 2025

Hilton Istanbul Bosphorus Hotel, Istanbul – Türkiye



**PROGRAM &
ABSTRACT BOOK**

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Foreword



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FOREWORD



Meningioma is the most common primary intracranial tumor and its care takes up a significant of a neurosurgeons daily practice. The motivation to end the pain and suffering of the patients and the continuous emerging of new technical problems has fired a continuous but always fresh interest in understanding the biology of meningiomas since the early days of neurosurgery. However, after decades of research meningiomas still try to puzzle and surprise the caregivers. Since the beginning of the 1990's a natural initiative emerged to bring international neurosurgeons, radiation oncologists, basic research scientists and epidemiologists together in meetings to join forces. These inspiring meetings drew the attention of world known distinguished academicians, who further improved the scientific diversity and sophistication of the international meetings. During the fifth meeting past presidents of former meetings came together and decided to form an "International Meningioma Society", which would organize the effort on meningioma research and care, ensure the regularity of the meetings and promote international communication and collaboration. "The International Meningioma Society" was formed in September 2008 and aims at advancing the art of science of the field of clinical care and research in meningiomas and thereby promote the best possible care for patients suffering from meningiomas. I am grateful to all senior neurosurgeons who have spent a great effort in meningioma research and care and I am inviting everyone with an interest on meningiomas to join forces in this Society.

Prof. Suresh Nair

President of International Meningioma Society



Welcome Messages



International Meningioma Society Meeting

8-11 May 2025

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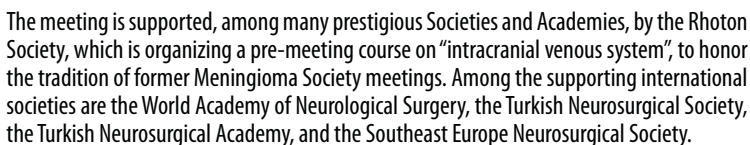


WELCOME MESSAGES



With this mail we wish to invite you to the 13th International Meningioma Society meeting which will take place on May 8-11th in Istanbul-Turkey.

The International Meningioma Society was formed to foster advancements in the clinical care and research of meningiomas, aiming to provide the best possible care. The Society was established in September 2008 following a series of inspiring meetings that began with the first "International Symposium on Skull Base Meningiomas" which was organized by Prof. Rudolf Fahlbusch in Bamberg-Germany in 1992 and the "First international workshop on Surgery of the intracranial venous system" organized by Prof. Akira Hakuba in Osaka-Japan in 1994. These gatherings brought together neurosurgeons, radiation oncologists, basic research scientists and epidemiologists from all around the World to collaborate on understanding meningiomas better. The decision to form a society was made during the fifth meeting of these international gatherings, highlighting a collective desire to organize efforts in meningioma research and care, ensure the continuity of these important meetings, and promote international communication and collaboration. Obviously, these meetings of the International Meningioma Society form the glue that holds together the spirit of the society. Keeping with this tradition, this 13th IMS meeting will feature all the novelties in Meningioma Treatment and Research that even the most experienced of the field are eagerly waiting for.



In addition to a full scientific program, the 2025 Istanbul meeting will take place in one of the most scenic and chic Hotels in Istanbul, the Hilton Bosphorus. The meeting will take place during the most enjoyable spring bloom season of Istanbul and will offer a rich social program.

We will be honored to have you with us in this one in a lifetime event.

Prof. Koray Özdoğan
Scientific Chair

Prof. M. Necmettin Pamir
Congress President



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WELCOME MESSAGES



Dear Colleagues,

It is my honor and privilege to invite you to “Rhoton 3D Course: Microsurgical and Endoscopic Anatomy and Approaches for Skull Base Meningiomas with special emphasis on Cerebral Venous System” on the 8th of May 2025.

Although the title of the initial meetings was “Cerebral Venous System and Meningiomas”, after the establishment of the International Meningiomas Society, the focus shifted towards Skull Base Surgery and Meningiomas. In this regard, our premeeting course primarily aims to honor the roots of the Rhoton’s influence on microsurgical anatomy of the skull base and reemphasize the importance of relevant cerebral venous network. Our additional objective is to follow Dr. Rhoton’s goal to improve the neurosurgical care of patients with skull base pathologies by delineating anatomical step-by-step 3D dissections for complex skull base approaches to the neurosurgeons.

This course follows the neuroanatomical heritage paved by Prof. Albert L. Rhoton, a great researcher and devoted educator, to extend the imperative knowledge of endoscopic and microsurgical anatomy for the surgery of the Skull Base. The course will be beneficial for not only neurosurgeons specializing in the skull base field, but for all neurosurgeons and residents looking to expand their knowledge on skull base surgery. The course will be held on the 8th of May 2025 followed by the Congress on Meningiomas, in the city of Istanbul. As the organizing committee and members of the International Meningioma Society, it would be our pleasure to see you join us in our lovely city with its rich historical heritage where the Asian and European parts of Turkey meet.

Best regards,

Prof. Dr. Necmettin Tanrıöver

Course Director



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International Meningioma Society

International Meningioma Society

Suresh Nair, *President*

Jacques Morcos, *President Elect*

Basant K. Misra, *Vice President*

Florian Roser, *Secretary - Treasurer*

Vladimir Benes, *Past President*

Past Presidents

Takeshi Kawase
2006-2008

Peter Mc Black
2008-2010

M. Necmettin Pamir
2010-2012

M. Necmettin Pamir
2012-2014

William T. Couldwell
2014-2016

Kenji Ohata
2016-2018

Michael McDermott
2018-2020

Vladimir Benes
2020-2023



Committees



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Committees

Congress President

M. Necmettin Pamir

Scientific Chair

Koray Özdoğan

International Scientific Advisory Board

Ossama Al-Mefty
Miguel Arraez
Vladimir Benes
William Couldwell
Murat Günel
Imad N. Kanaan
Tiit Mathiesen
Michael McDermott
Torstein Melling
Basant K. Misra
Jennifer Moliterno
Kenji Ohata
Lukas Rasulic
Thomas Santarius

Local Organizing Committee

Nejat Akalan
Emel Avcı
Baran Bozkurt
Savaş Ceylan
Hakan Emmez
Uygur Er
Abuzer Güngör
Türker Kılıç
Selçuk Peker
İhsan Solaroğlu
Zeki Şekerci
Necmettin Tanrıöver



Faculty



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Faculty

(In Alphabetical Order)

Ufuk Abacioğlu, Türkiye
Mathew Abraham, India
Feridun Acar, Türkiye
Güliz Acker, Germany
Akin Akakin, Türkiye
Nejat Akalan, Türkiye
Kaya Aksoy, Türkiye
Göktağ Akyoldaş, Türkiye
Ossama Al-Mefty, USA
Nur Altınörs, Türkiye
Kenan Arnautovic, USA
Miguel Arraez, Spain
Cem Atabey, Türkiye
Emel Avcı, Türkiye
Oğuz Baran, Türkiye
Serhat Baydın, Türkiye
Pinar Kuru Bektaşoğlu, Türkiye
Vladimir Benes, Czech Republic
Mustafa Berker, Türkiye
Hemant Bhartiya, India
Hüseyin Biçeroğlu, Türkiye
Peter Black, USA
Baran Bozkurt, Türkiye
Melih Bozkurt, Türkiye
Viktor Braun, Germany
Savaş Ceylan, Türkiye
Malay Chakraborty, India
Benedicto Oskar Colli, Brasil
William Couldwell, USA
Şükrü Çağlar, Türkiye
Emrah Çeltikçi, Türkiye
Orhun Mete Çevik, Türkiye

Musa Çırak, Türkiye
Cengiz Çokluk, Türkiye
Adnan Dağçınar, Türkiye
İhsan Doğan, Türkiye
Ayça Erşen Danyeli, Türkiye
Kuntal Kanti Das, India
Alp Dinçer, Türkiye
İlhan Elmacı, Türkiye
Hakan Emmez, Türkiye
Uygur Er, Türkiye
Rudolf Fahlbusch, Germany
Stefan Florian, Romania
Murat Geyik, Türkiye
Ethem Göksu, Türkiye
Murat Gunel, USA
Bülent Güçlü, Türkiye
Abuzer Güngör, Türkiye
Mehmet Sabri Gürbüz, Türkiye
Mehmet Hacıhanefioğlu, Türkiye
Şahin Hanalioğlu, Türkiye
Ömer Batu Hergünel, Türkiye
Zeynep Hüseyinoğlu, Türkiye
Semra Işık, Türkiye
Ahmet İlkey Işıkkay, Türkiye
Harsh Jain, India
Ali Kafadar, Türkiye
Gökmen Kahiloğulları, Türkiye
Serdar Kahraman, Türkiye
Michel Kalamarides, France
Imad Kanaan, Saudi Arabia
Ali Karadağ, Türkiye
Agadadash Kasymov, Azerbaijan



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Faculty

(In Alphabetical Order)

Hayri Kertmen, Türkiye
Türker Kılıç, Türkiye
Hasan Kocaeli, Türkiye
Kenan Koç, Türkiye
Said Koçyiğit, Türkiye
Douglas Kondziolka, USA
Barış Küçüküyürek, Türkiye
Carolina Martins, Brazil
Tiit Mathiesen, Denmark
Michael McDermott, USA
Torstein R. Meling, Denmark
Girish Menon, India
Basant K. Misra, India
Jennifer Moliterno, USA
Jacques Morcos, USA
Bahaeddin Muhsen, Saudi Arabia
Surath S.K Munasinghe, Sri Lanka
Suresh Nair, India
Hirofumi Nakatomi, Japan
Anil Nanda, USA
Kenji Ohata, Japan
Ibrahim Omerhodzic, Bosnia-Herzegovina
Koray Özduman, Türkiye
Erkin Özgiray, Türkiye
Barış Özöner, Türkiye
Ünal Özüm, Türkiye
Necmettin Pamir, Türkiye
Dilip Panikar, India
Selçuk Peker, Türkiye
Raghavendran Radhakrishnan, India
Lukas Rasulic, Serbia
Fausto Rodriguez, USA

Florian Roser, United Arab Emirates
Akin Sabancı, Türkiye
Hakan Sabuncuoğlu, Türkiye
Burak Sade, Türkiye
Tomislav Sajko, Croatia
Madjid Samii, Germany
Thomas Santarius, UK
Zihni Sanus, Türkiye
Arun Srivastava, India
İhsan Solaroğlu, Türkiye
Figen Söylemezoğlu, Türkiye
Uwe Spetzger, Germany
Krish Sridhar, India
Ulrich Sure, Germany
Zeki Şekerci, Türkiye
Sait Şirin, Türkiye
Necmettin Tanrıöver, Türkiye
Özgür Taşkapılıoğlu, Türkiye
Bekir Tuğcu, Türkiye
Constantin Tuleasca, Switzerland
Keki Turel, India
Uğur Türe, Türkiye
Mehmet Erhan Türkoğlu, Türkiye
Hasan Çağlar Uğur, Türkiye
Ece Uysal, Türkiye
Mustafa Uzan, Türkiye
Harun Yaşar, Türkiye
Tevfik Yılmaz, Türkiye
Gelareh Zadeh, USA
İbrahim Ziyal, Türkiye



Pre-Meeting Course

Dedicated to Prof. Albert Rhoton Jr.





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HALL B

PRE-MEETING COURSE

Course Director: Necmettin Tanrıöver

Faculty

*Carolina Martins, Akın Akakın, Oğuz Baran, Serhat Baydin, Baran Bozkurt,
Hüseyin Biçeroğlu, Orhun Mete Çevik, Abuzer Güngör, Ali Karadağ, Barış Küçükyürük*

10.00-10.10 Opening Remarks

Microsurgical Neuroanatomy and
Skull Base Approaches

Necmettin Pamir, Necmettin Tanrıöver

10.10-10.40 One-Piece vs. Two-Piece Orbitozygomatic Craniotomies:
Microsurgical Anatomy of the Orbital Fissures and the
Cavernous Sinus

Barış Küçükyürük

10.40-11.10 Transylvian and Subtemporal Routes to Perimesencephalic
Cisterns: Cranio-Orbitozygomatic Pretemporal Transcavernous
and Anterior Transpetrosal (Kawase) Modifications

Serhat Baydin

3D Presentation

11.10-11.30 Coffee Break

11.30-12.00 Microsurgical Anatomy of the Lateral and III. Ventricle:
Anterior Interhemispheric Transcallosal-Interforniceal and
Transchoroidal Approaches - **3D Presentation**

Baran Bozkurt

12.00-12.15 Microsurgical Anatomy of the Deep Venous System and the
Basal Vein: Implications for Skull Base Surgical Approaches
3D Presentation

Orhun Çevik

12.15-12.30 Microsurgical Anatomy of the Superior Petrosal Venous
Complex: Implications for Subtemporal Transtentorial and
Retrosigmoid Approaches – **3D Presentation**

Abuzer Güngör



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12.30-13.00 Endoscopic Surgical Anatomy of the Ventral Skull Base:
Extensions and Limitations of EESB Approaches
3D Presentation

Necmettin Tanrıöver

13.00-13.30 Lunch

13.30-14.00 Keynote Lecture

Microsurgical Anatomy of the Dural Arteries:
Implications in Surgery of Skullbase Meningiomas

Carolina Martins

14.00-14.30 Microsurgical Anatomy of the Cerebellum and the Brain
Stem with Special Emphasis on Fourth Ventricle Lateral
Recess: Modifications of the Telovelar Approach
3D Presentation

Akın Akakın

14.30-15.00 Cerebellopontine Angle and Its Neurovascular Relationships:
Temporal Bone Anatomy in Relation to Retrosigmoid Approach
3D Presentation

Oğuz Baran

15.00-15.20 Coffee Break

15.20-15.50 Far-Lateral Approach and Its Paracondylar Modifications
3D Presentation

Hüseyin Biçeroğlu

15.50-16.20 Microsurgical Anatomy and Approaches to the Jugular
Foramen - **3D Presentation**

Ali Karadağ

16.20-16.30 Closing Remarks

Microsurgical Anatomy for Accurate,
Safe and Gentle Surgery

Necmettin Tanrıöver, Carolina Martins



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18.00 Opening Ceremony and Welcome Message

Prof. Koray Özduman
Scientific Chair

Prof. M. Necmettin Pamir
Congress President

Prof. Suresh Nair
President of International Meningioma Society

Prof. Hayri Kertmen
President of Turkish Neurosurgical Society

Presentation of Gold Medal of the International Meningioma Society

Prof. Suresh Nair

Prof. Madjid Samii

18:30 Welcome Cocktail

Hilton Bosphorus Hotel, Şadırvan Terrace



Scientific Program



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HALL A

MAIN SESSION 1

Chairmen: Suresh Nair, Necmettin Pamir

Introduction

Necmettin Pamir

07.30-08.15 Honorary Lecture: Surgical Treatment of Meningiomas,
What we Have Learned in More Than 50 Years

Madjid Samii

08.15-08.30 Significance of “Meningioma Society”

Rudolf Fahlbusch

08.30-08.45 Surgery of Cavernous Sinus Meningiomas

Kenji Ohata

08.45-09.00 From Normal Meninges to Meningiomas

Michel Kalamarides

09.00-09.15 Histological Correlations of Molecular Findings in
Meningiomas

Ayça Erşen Danyeli

09.15-09.30 Environmental, Genetic, and Epidemiological Issues
with Meningiomas

Anil Nanda

09.30-09.45 Clinical Impact of Meningioma Microenvironment

Tiit Mathiesen

09.45-10.00 Molecular Corraalates of Aggressive and High
Grade Meningiomas

Hirofumi Nakatomi

10.00-10.15 Ectopic Meningiomas of The Peripheral Nervous System:
Diagnosis and Management

Lukas Rasulic

10.15-10.30 Optical Genome Mapping: A State of the Art Tool for
the Evolution of Meningioma

Michael McDermott

10.30-10.45 Discussion

10.45-11.15 Coffee Break



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SESSION 1

Chairmen: William Couldwell, Kaya Aksoy

11.15-11.25	Tailored Microsurgical Approach to TSM	<i>Imad Kanaan</i>
11.25-11.35	Results of the International TSM Study and Implications for Real-World Neurosurgery	<i>Michael McDermott</i>
11.35-11.45	What Needs to be Published on Meningiomas in 2025: Insights from an Editor in Chief	<i>Florian Roser</i>
11.45-11.55	Microsurgical Treatment of TSM	<i>Barış Küçükyörük</i>
11.55-12.05	TSM and Challenging Factors for Extradural Anterior Clinoidectomy	<i>Emel Avcı</i>
12.05-12.15	Visual Detoriation Following Surgery for Suprasellar Meningiomas	<i>Girish Menon</i>
12.15-12.25	Suprasellar Meningiomas: Approach Selection Based on Tumor Texture	<i>Florian Roser</i>
12.25-12.35	Anterior Clinoidectomy in Periclinoidal Meningiomas	<i>Burak Sade</i>
12.35-12.45	Tuberculum Sella Meningiomas	<i>Stefan Florian</i>
12.45-12.55	Operative Approach to Skull Base Meningiomas – Learning Curve	<i>Raghavendran Radhakrishnan</i>
12.55-13.05	Suprasellar Meningiomas	<i>Dilip Panikar</i>
13.05-13.15	Discussion	

13.15-14.30 Lunch Break



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HALL B

SESSION 2

Chairmen: Kenji Ohata, Hakan Emmez

11.15-11.25	Updates on Skull Base Surgery for Foramen Magnum Meningiomas	<i>Torstein Meling</i>
11.25-11.35	Craniocervical Junction Meningiomas	<i>Vladimír Beneš</i>
11.35-11.45	Microsurgery for Foramen Magnum Meningiomas	<i>Malay Chakraborty</i>
11.45-11.55	Far-Lateral Approach for Foramen Magnum Meningiomas	<i>Serhat Baydın</i>
11.55-12.05	Pre-Foramen Magnum Meningiomas	<i>Şükrü Çağlar</i>
12.05-12.15	Microsurgery of FMM	<i>Baran Bozkurt</i>
12.15-12.25	Definitions of Posterior Fossa Meningioma Subtypes	<i>İhsan Doğan</i>
12.25-12.35	Surgical Treatment of Foramen Magnum Meningiomas	<i>Ethem Göksu</i>
12.35-12.45	Infratonsillar Approach for Foramen Magnum Meningiomas	<i>Krish Sridhar</i>
12.45-12.55	Craniocervical Meningiomas	<i>Tomislav Sajko</i>
12.55-13.05	Foramen Magnum Meningiomas	<i>Stefan Florian</i>
13.05-13.15	Discussion	

13.15-14.30 Lunch Break

13.45 AC Meeting of IMS



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SESSION 3

Chairmen: Florian Roser, Nejat Akalan

14.30-14.40	Endoscopic Resection of TSM	<i>Savaş Ceylan</i>
14.40-14.50	Pitfalls and Pearls of Endoscopy in Skull Base Meningiomas	<i>Hüseyin Biçeroğlu</i>
14.50-15.00	Endoscopic Management of Skull Base Meningiomas	<i>Necmettin Tanrıöver</i>
15.00-15.10	Endonasal Endoscopic Approaches for Anterior Fossa Meningiomas	<i>Gökmen Kahiloğulları</i>
15.10-15.20	Transorbital Endoscopic Approach to Sphenoorbital Meningiomas	<i>Emrah Çeltikçi</i>
15.20-15.30	Complication Avoidance in Endoscopic Anterior Fossa Meningioma Surgery	<i>Ahmet İlkay Işıkkay</i>
15.30-15.40	Extradural Anterior Clinoidectomy in Parasellar Meningiomas	<i>Mehmet Sabri Gürbüz</i>
15.40-15.50	Surgical Treatment of Anterior Clinoidal Meningiomas	<i>Göktuğ Akyoldaş</i>
15.50-16.00	Microsurgical Management of Anterior Skull Base Meningiomas	<i>Malay Chakraborty</i>
16.00-16.10	Single Piece Clinoidectomy: A Novel Technique for Rapid and Effective Control of the Proximal Carotid	<i>Mathew Abraham</i>
16.10-16.20	Natural History of Meningiomas in NF2 Cases	<i>Semra Işık</i>
16.20-16.30	Discussion	

16.30-17.00 Coffee Break



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SESSION 4

Chairmen: Anil Nanda, Emel Avcı

14.30-14.40	Paramedian Supracerebellar Transtentorial Approach for Incisural Meningiomas	<i>Uğur Türe</i>
14.40-14.50	Prone Position and Anatomical Aspects of Tentorium in Supracerebellar Transtentorial Approach To Mesial Temporal Region Meningiomas	<i>Feridun Acar</i>
14.50-15.00	Interhemispheric Approach to Falx Meningiomas: Anatomical Considerations and Microsurgical Subtleties	<i>Uwe Spetzger</i>
15.00-15.10	Falcine and Parasagittal Meningiomas	<i>Kenan Arnautovic</i>
15.10-15.20	Tentorial Incisural Meningiomas	<i>Girish Menon</i>
15.20-15.30	Falcotentorial Meningiomas	<i>Hasan Kocaeli</i>
15.30-15.40	Surgical Treatment of Falcotentorial Meningiomas	<i>İlhan Elmacı</i>
15.40-15.50	Pineal Region Meningiomas	<i>Türker Kılıç</i>
15.50-16.00	Surgical Approach Selection in Tentorial Meningiomas	<i>Ece Uysal</i>
16.00-16.10	Natural History of Meningiomas at Different Locations	<i>Ömer Batu Hergünsel</i>
16.10-16.20	Meningioma Mimics-The surprises	<i>Raghavendran Radhakrishnan</i>
16.20-16.30	Discussion	

16.30-17.00 Coffee Break



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SESSION 5

Chairmen: Vladimír Beneš, Musa Çırak

17.00-17.10	Resectability of Sphenoorbital Meningioma: Experience in 95 cases	<i>William Couldwell</i>
17.10-17.20	Medial SWM: Towards Total Convexitisation	<i>Mathew Abraham</i>
17.20-17.30	Complex SWM: Surgical Challenges and Solutions	<i>Agadadash Kasymov</i>
17.30-17.40	Medial SWM: Avoiding Problems is the Key	<i>Krish Sridhar</i>
17.40-17.50	Surgical Approach to Medial SWM Encasing Proximal Arteries	<i>Erkin Özgiray</i>
17.50-18.00	SWM: Outcome After Microsurgical Management: Clinical Review of 75 Cases	<i>Hemant Bhartiya</i>
18.00-18.10	Minimal Invasive Transorbital Approach for Cavernous Sinus Meningiomas	<i>Ali Karadağ</i>
18.10-18.20	Microsurgical Treatment of Giant Frontobasal Meningiomas	<i>Erhan Türkoğlu</i>
18.20-18.30	Association Between Preoperative Flair Hyperintensity and Postoperative Diffusion Changes and Morbidity in Meningioma Surgery	<i>Şahin Hanalioğlu</i>
18.30-18.40	Current Insights into Pathogenesis and Management of Pediatric Meningiomas	<i>Nejat Akalan</i>
18.40-18.50	Medial SWM: How Much is Too Much?, How Safe is Safe?	<i>Arun Srivastava</i>
18.50-19.00	Discussion	



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SESSION 6

Chairmen: Tiit Mathiesen, Koray Özdoğan

17.00-17.10	Long-Term Outcome of GK for Meningiomas	<i>Douglas Kondziolka</i>
17.10-17.20	Long-Term Results of Combined Microsurgery and Gamma Knife Surgery in Intracranial Meningiomas: An Experience with 243 Cases	<i>Basant K. Misra</i>
17.20-17.30	Radiosurgery for Atypical Meningiomas	<i>Selçuk Peker</i>
17.30-17.40	Analyses of Recurrences after Gamma Knife for Meningioma Surgery	<i>Koray Özdoğan</i>
17.40-17.50	Advantages of Adjuvant Radiosurgery in Skull Base Meningiomas: Non-competitive but Complementary	<i>Hakan Emmesz</i>
17.50-18.00	DOTATOC, PET-Guided SRS for Meningiomas	<i>Güliz Acker</i>
18.00-18.10	Radiotherapy of Meningiomas: Current Scientific Evidence	<i>Ufuk Abacıoğlu</i>
18.10-18.20	Extracorporeal Irradiation of Tumorous Calvaria (EITC) in Meningiomas	<i>Thomas Santarius</i>
18.20-18.30	Re-SRS for Recurrence of Benign Meningiomas after Initial SRS	<i>Sait Şirin</i>
18.30-18.40	Single Fraction Hypo-Fractionated SRS for Optic Meningiomas	<i>Constantin Tuleasca</i>
18.40-18.50	Management of Multiple Meningiomas	<i>Oğuz Baran</i>
18.50-19.00	Discussion	



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MAIN SESSION 2

Chairmen: Basant K. Misra, Zeki Şekerci

Introduction

Necmettin Pamir

07.30-08.15 Honorary Lecture: Future of Meningioma Microsurgery

Ossama Al-Mefty

08.15-08.30 Meningioma Research: The Editor's Perspective

Douglas Kondziolka

08.30-08.45 Molecular Oncogenesis of Meningiomas

Murat Gunel

08.45-09.00 Clinical Correlations of Molecular Findings in Meningiomas

Jennifer Moliterno

09.00-09.15 Radiation in Management of Grade 2 (Atypical) Meningioma

William Couldwell

09.15-09.30 Molecular Predictors of Response to surgery and Radiation Therapy in Meningiomas

Gelareh Zadeh

09.30-09.45 Posterior Interhemispheric Trans-parietooccipital Fissure Approach to Atrial Meningiomas

Uğur Türe

09.45-10.00 Surgery for Foramen Magnum Meningiomas

Miguel Arraez

10.00-10.30 "Vincenzo Dolenc" Lecture: Introduction
Surgical Treatment of Cavernous Sinus Meningiomas

Necmettin Pamir
Jacques Morcos

10.30-10.45 Discussion

10.45-11.15 Coffee Break



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SESSION 7

Chairmen: Imad Kanaan, Türker Kılıç

11.15-11.25	The Paths for Aggressive Meningioma Development	<i>Michel Kalamarides</i>
11.25-11.35	Simpson and Beyond: Prediction of Recurrence of Meningiomas	<i>Tiit Mathiesen</i>
11.35-11.45	Definition of High Risk Meningiomas	<i>Koray Özduman</i>
11.45-11.55	Evolution of the "Atypical Meningioma" Concept	<i>Fausto Rodriguez</i>
11.55-12.05	The Rostrocaudal Gradient in Meningioma Biology	<i>Pınar Kuru Bektaşoğlu</i>
12.05-12.15	Is the Incidence of Atypical Meningiomas Increasing Over The Years?	<i>Harun Yaşar</i>
12.15-12.25	Treatment Strategies in Atypical Meningiomas	<i>Zeki Şekerci</i>
12.25-12.35	Is Size a Reliable Predictor of a High Grade Meningiomas	<i>Said Koçyiğit</i>
12.35-12.45	Anaplastic Meningiomas: What Have We Learned in the Last 2 Decades and Our Patients any Better as a Result	<i>Thomas Santarius</i>
12.45-12.55	Management of Recurrent Meningiomas	<i>Nur Altınörs</i>
12.55-13.05	High-throughput Combinatorial Drug Screening of FDA-approved Drugs Identifies Potential Synergistic Drug Partners for the Treatment of Aggressive Meningiomas	<i>Viktor Braun</i>
13.05-13.15	Surgical Management of Hypervascular Meningiomas	<i>Tevfik Yılmaz</i>
13.15-13.30	Discussion	

13.30-14.30 Lunch Break



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SESSION 8

Chairmen: Michael McDermott, Şükrü Çağlar

11.15-11.25	Functional Preservaation Surgery for CPS Meningiomas Utilizing “Visualization of the Feeding Center, Pial Feeder and Neural Function	<i>Hirofumi Nakatomi</i>
11.25-11.35	Arachnoid and Cisterns in Skull Base Meningiomas	<i>Vladimír Beneš</i>
11.35-11.45	The Enigma of Parasagittal Meningioma	<i>Keki Turel</i>
11.45-11.55	Staged ‘intentional’ bridging vein ligation: A Safe Strategy for Gaining Wide Access to Skull Base Meningiomas	<i>Kenji Ohata</i>
11.55-12.05	Vein Protection Techniques in Meningioma Surgery	<i>Abuzer Güngör</i>
12.05-12.15	Vascular Complications in Meningioma Surgery	<i>Hasan Çağlar Uğur</i>
12.15-12.25	Bridging Vein protection in Falx Meningiomas	<i>Murat Geyik</i>
12.25-12.35	Venous Infarction in Parasagittal Meningioma Surgery	<i>Kenan Koç</i>
12.35-12.45	Venous outflow of Parasagittal Meningiomas	<i>Zihni Sanus</i>
12.45-12.55	Excision of Large Cerebral Venous Sinuses for Complete Resection of Invasive Meningiomas	<i>Ulrich Sure</i>
12.55-13.05	Management of Meningiomas with Dural Sinus Invasion	<i>Serdar Kahraman</i>
13.05-13.15	A Single Center Experience with Meningiomas of Diverse Locations and Histopathological Types Operative Approaches, Outcomes and lessons learnt	<i>Harsh Jain</i>
13.15-13.30	Discussion	

13.30-14.30 Lunch Break



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SESSION 9

Chairmen: Hayri Kertmen, Ali Kafadar

14.30-14.40	Petroclival Meningiomas - The Good, the Bad and the Ugly	<i>Anil Nanda</i>
14.40-14.50	When to Utilize or Ignore The Temporal Bone in PCM Surgery?	<i>Jacques Morcos</i>
14.50-15.00	Treatment Strategy in PCM: An Experience with 180 Cases	<i>Basant K. Misra</i>
15.00-15.10	Surgery for Trigeminal Neuralgia After SRS for PCM Meningiomas	<i>Bahaeddin Muhsen</i>
15.10-15.20	Middle Fossa Anatomy for Meningioma Resection	<i>Akın Akakın</i>
15.20-15.30	Middle Fossa Interdural Approach to PCM	<i>Suresh Nair</i>
15.30-15.40	Meningiomas in and Around the Petrous Apex: A Sigmoid or an Anterior Transpetrosal Route?	<i>Kuntal Kanti Das</i>
15.40-15.50	A Twist in the Tail - a Meningioma with an Associated Vascular Anomaly	<i>Dilip Panikar</i>
15.50-16.00	Petrous Face Meningiomas	<i>Ibrahim Omerhodzic</i>
16.00-16.10	Surgical Dilemmas in PCM	<i>Miguel Arraez</i>
16.10-16.20	Posterior Clinoidal Meningiomas	<i>Hüseyin Biçeroğlu</i>
16.20-16.30	Discussion	

16.30-17.00 **Coffee Break**



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SESSION 10

Chairmen: Mustafa Uzan, Mehmet Hacıhanefioğlu

- | | | |
|-------------|--|---------------------------|
| 14.30-14.40 | Origin and Arachnoid Plane: Cornerstones in Meningioma Surgery | <i>İbrahim Ziyal</i> |
| 14.40-14.50 | Arterial Enchancement by Skull Base Meningiomas:
Focusing on Arterial Preservation | <i>Kuntal Kanti Das</i> |
| 14.50-15.00 | Is the tail a Surgical target in Meningiomas? | <i>Mustafa Berker</i> |
| 15.00-15.10 | Preoperative Embolization of Meningiomas | <i>Ünal Özüm</i> |
| 15.10-15.20 | Origin of Intraventricular Meningiomas | <i>Zeynep Hüseyinoğlu</i> |
| 15.20-15.30 | Current Value of Simpson Grading System | <i>Orhun Mete Çevik</i> |
| 15.30-15.40 | Strategies to Enhance Outcomes and Minimize
Complications in Challenging Cases of Meningioma Surgery
Under Limited Resources | <i>Surath Munasinghe</i> |
| 15.40-15.50 | Complications in Meningioma Surgery | <i>Cengiz Çokluk</i> |
| 15.50-16.00 | Brain edema in Meningiomas | <i>Uygur Er</i> |
| 16.00-16.10 | Bone invasion in Parasagittal Meningiomas | <i>Bülent Güçlü</i> |
| 16.10-16.20 | Interosseous Meningiomas | <i>İbrahim Omerhodzic</i> |
| 16.20-16.30 | Discussion | |

16.30-17.00 Coffee Break



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SESSION 11

Chairmen: Keki Turel, İhsan Solaroğlu

17.00-17.10	Microsurgical Treatment of OGM	Akın Sabancı
17.10-17.20	Surgical Treatment of OGM	Bekir Tuğcu
17.20-17.30	Microsurgical Techniques and Complication Avoidance in OGM	Surath Munasinghe
17.30-17.40	Skull Base Bone Reconstruction in OGM	Melih Bozkurt
17.40-17.50	Best Surgical Approach for OGM	Hemant Bhartiya
17.50-18.00	Olfactory Groove Meningiomas	Barış Özöner
18.00-18.10	Discussion	

10 May 2025 Saturday

HALL B

SESSION 12

Chairmen: Ibrahim Omerhodzic, Uygur Er

17.00-17.10	Spinal Meningiomas	Kenan Arnautovic
17.10-17.20	Surgical Strategies in a Large Series of Spinal Meningiomas	Ulrich Sure
17.20-17.30	Spinal Intradural Meningiomas	Arun Srivastava
17.30-17.40	Surgical Treatment of Spinal Meningiomas	Hakan Sabuncuoğlu
17.40-17.50	Arachnoidal Dissection Techniques in Spinal Meningiomas	Cem Atabey
17.50-18.00	Pediatric Spinal Meningiomas	Özgür Taşkapılıoğlu
18.00-18.10	Discussion	



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MAIN SESSION 3

Chairmen: Peter Black, Uygur Er

Introduction

07.30-07.45	Codes for Successful Skull Base Meningioma Microsurgery	<i>Imad Kanaan</i>
07.45-08.00	Tentorial Meningiomas	<i>Benedicto Oscar Colli</i>
08.00-08.15	Molecular Findings in Sphenoorbital Meningiomas	<i>Jennifer Moliterno</i>
08.15-08.30	Recent Advances of Radiology of Meningiomas	<i>Alp Dinçer</i>
08.30-08.45	Molecular Findings and Their clinical correlation in Pediatric Populations	<i>Adnan Dağçınar</i>
08.45-09.00	Changing Landscapes in Understanding of Meningiomas and Surgery	<i>Suresh Nair</i>
09.00-09.15	SRS for Skull Base Meningiomas Upfront Versus Flowing Microsurgical Resection	<i>Constantin Tuleasca</i>
09.15-09.30	Liquid Biopsy and Artificial Intelligence as Tools to Detect Signatures of CNS Malignancies	<i>İhsan Solaroğlu</i>
09.30-09.45	Using Deep-Learning AI Algorithms for Molecular Classification Based on HandE	<i>Gelareh Zadeh</i>
09.45-10.00	Complications in the Management of Meningiomas-1	<i>Keki Turel</i>
10.00-10.15	Complications in the Management of Meningiomas-2	<i>Keki Turel</i>
10.15-10.30	Chordoid Meningiomas	<i>Figen Söylemezoğlu</i>
10.30-10.45	Contribution of Turkish Neurosurgical Journal to Meningioma Literature	<i>Ali Kafadar</i>
10.45-11.00	Discussion	
11.00-11.15	Closing remarks	<i>Sureh Nair, M. Necmettin Pamir</i>



Poster Presentations



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PP-01

MICROSURGICAL MANAGEMENT OF CRANIOCERVICAL JUNCTION MENINGIOMAS: OUR EXPERIENCE

Malay Chakraborty

Chairman and Director of Neurosurgery, Senior Consultant Neurosurgeon, Thalamus Institute of Medical Sciences, Siliguri, West Bengal, India

OBJECTIVES: Craniocervical junction meningiomas are rare lesions and unique surgical entities. Though extremely challenging, gross total resection of these benign lesions, often leads to good outcome. We present our surgical experience with these difficult lesions and thereby evaluate the clinical course of the patients being operated upon for CV junction meningiomas.

METHODS: There were 12 patients who were operated upon for CV junction meningiomas at our centre from 2005 to 2020. MRI (Plain + Contrast) was the investigation of choice for these lesions and they were operated using either midline corridor with suboccipital craniotomy/craniectomy or a far lateral approach with or without condylar drilling depending upon the size of the tumor. The posterior arch of C1 or the spinous process of C2 was resected depending upon the spinal extension of the tumor. The records of the patient with respect to clinico-radiological features, surgical strategies and outcomes including mortality/morbidity were analyzed.

RESULTS: Amongst all 12 patients who were operated (9 female, 3 males), gross total resection could be achieved in 10 patients, and subtotal resection in 2 patients. The mean follow up duration was 24 months. The most common post operative complication was 9th and 10th Cranial Nerve palsy and this study was not associated with any mortality. The ones with subtotal resection underwent radiotherapy and there were no recurrences repeated in the last 6 months.

CONCLUSIONS: Microsurgical management of Craniocervical junction meningiomas continue to pose a challenge to neurosurgeons especially where neighbouring neurovascular structures are involved. However, meticulous and sharp microsurgical dissection maintaining the arachnoid plane is of utmost importance to resect the tumor completely. The results of our study is consistent with many other studies which demonstrates the fact that total resection is the key to fetch best outcomes in such difficult lesions.

Keywords: Craniocervical junction meningiomas, skull base meningiomas, foramen magnum meningiomas, microsurgical approaches



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PP-02

A 10-YEAR, SINGLE-CENTER SURGICAL EXPERIENCE OF PATIENTS WITH INTRACRANIAL MENINGIOMA IN ADULTS

Nursena Tanrıverdi, Pınar Kuru Bektasoglu, Jülide Hazneci, Erhan Çelikoğlu

Department of Neurosurgery, Istanbul Fatih Sultan Mehmet Education and Research Hospital, Istanbul, Türkiye

Meningiomas are the most common primary brain tumors in adults. There are three pathological grades, and the majority of them are benign tumors that develop slowly. Meningiomas often appear between the ages of 40 and 70. Females predominate males by a ratio of 2:1. Total surgical resection is the gold standard in meningioma treatment. Preoperative radiological features often give clues about the meningiomas' biological nature and help surgeons plan the surgical strategies. The primary aim of this study is to investigate the preoperative radiological features and postoperative definitive pathological diagnosis and explain how these findings affect the surgical outcome.

In this study, we retrospectively analyzed our 10-year registry for adult patients operated on for intracranial meningiomas. Their age, gender, signs and symptoms at admission, seizure history, localization and preoperative imaging features of the tumor, Simpson grading for extent of resection, preoperative and postoperative neurological examination findings, pathological diagnosis, and further treatment requirements were noted.

In total, there were 216 patients in our study; 157 were female (72.7%), and 59 were male (27.3%). There were no gender differences for age, and the mean age was 57.56 (range: 20-92). The most common complaint at admission was headache (54.1%), followed by seizure activity (17.1%). Most of the time, there was only one lesion in the preoperative magnetic resonance imaging. Twenty-seven (12.5%) of the patients had grade II (atypical) meningioma, and 189 (87.5%) of the patients had grade I meningioma.

The primary outcome presented in this study will be the potential radiological markers that would predict the surgical challenges and pathological diagnosis. Understanding the preoperative computed tomography and magnetic resonance imaging findings in detail would help surgeons ameliorate surgical outcomes. Some radiological markers would also help to predict the biological nature of the meningioma.

Keywords: adult, imaging feature, intracranial meningioma, surgical outcome



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PP-03

IS NEURONAVIGATION NECESSARY IN PARASAGITTAL MENINGIOMA SURGERY?

Recai ENGİN¹, Cengiz Çokluk²

¹*Samsun University, Department of Brain and Nerve Surgery*

²*Ondokuz Mayıs University, Department of Brain and Nerve Surgery*

INTRODUCTION: Meningiomas originate from arachnoid cap cells located on the inner surface of the dura (1). Various complications have been reported during and after surgical resection of meningiomas: venous injury, hematoma development, infection, cerebrospinal fluid (CSF) leakage (2, 3). Neuronavigation is frequently used for total removal of tumors and prevention of possible complications (4, 5).

METHODS: The data of patients operated for parasagittal meningioma between 2013 and 2023 in Ondokuz Mayıs University clinic were analyzed.

RESULTS: Of the patients operated for parasagittal meningioma, 65.9% were female. The mean age was 55.77 years. In 12 patients neuronavigation was used, 32 patients underwent surgery without neuronavigation. In the postop contrast-enhanced brain CT evaluation of the patients, no residuals were observed in 31 patients and residuals were observed in 13 patients. In the 6th month control MR image, recurrence was seen in 3 patients with no residual tumor. The use of neuronavigation had no effect on Simpson grade ($p=0.512$). Intraoperative craniotomy expansion was performed in 2 patients without neuronavigation. Sinus or arachnoid villus injury was observed in 6 patients without neuronavigation but not in 6 patients with neuronavigation.

DISCUSSION: It has been reported that the use of neuronavigation extends tumor resection and reduces recurrence (6). The reason for residual tumor in this surgery is that superior sagittal sinus invasion prevents total excision of the tumor. It has been reported that the use of neuronavigation in cranial surgeries shortens the operation time and causes less blood loss with smaller craniotomies and shortens the hospitalization period (4, 6, 7). In our study, tumor dural surface area/craniotomy area ratio was calculated and we found that neuronavigation significantly reduced the craniotomy size.

CONCLUSION: With neuronavigation in meningioma surgery, smaller craniotomies with less blood loss and minimized risk of vascular injury can be achieved.

Keywords: Parasagittal Meningioma, Intraoperative Neuronavigation, Brain Tumor



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PP-04

A CASE REPORT OF GIANT PAPILLARY MENINGIOMA IN THE LEFT FRONTOTEMPORAL REGION PRESENTING WITH SEIZURE

Durmuş Emre Karatoprak¹, Recai Engin²

¹Department of Neurosurgery, Inonu University, Malatya, Turkey

²Department of Neurosurgery, Samsun University, Samsun, Turkey

INTRODUCTION: Meningiomas are the most common primary tumours of the CNS. In the latest update in 2021, meningiomas are classified into grades 1-3 according to histopathological features such as the number of mitotic figures, invasive growth pattern, specific morphological subtypes and anaplastic features as well as genetics. Grade 3 meningiomas are around 1-3%.

MATERIALS-METHODS: In this case, a patient who was brought to the emergency department with the complaint of seizure and who was operated because of a 8*7*7 cm giant meningioma in the left frontotemporal region on radiological imaging is presented.

RESULTS: A 73-year-old man was brought to the emergency department with a generalised tonic-clonic seizure. After the seizure was controlled, he was taken to intensive care unit. Brain MRI showed marked oedema around the mass and 1 cm midline shifting. Antioedema treatment was started and the patient was taken to surgery 2 days later. Total excision was performed with a pteroinal approach. After 1 week, the patient was discharged without neurodeficit and was referred to radiation oncology after the pathology revealed papillary meningioma.

DISCUSSION: WHO grade 3 papillary meningiomas are associated with high recurrence rates and poor prognosis. In the literature, it has been reported that the 5-year survival rate of papillary meningiomas after surgical resection is less than 50%. Despite radiotherapy, recurrence rates are 30-40%. After maximum excision of the tumour, oncology follow-up is as important as neurosurgical follow-up. Surgical treatment, especially in giant tumours, plays an important role in relieving symptoms and improving the patient's quality of life.

CONCLUSION: Intracranial masses should be considered in the differential diagnosis of patients presenting with seizures. Considering the aggressive progression of malignant tumours such as papillary meningioma, adjuvant treatment and regular clinical follow-up are of great importance in addition to surgical intervention.

Keywords: Seizure, Papillary Meningioma, Left Frontal Tumour



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PP-05

MICROSURGICAL NUANCES IN THE MANAGEMENT OF OLFACTORY GROOVE MENINGIOMAS

Malay Chakraborty

Chairman and Director of Neurosurgery, Senior Consultant Neurosurgeon, Thalamus Institute of Medical Sciences, Siliguri, West Bengal, India

BACKGROUND: Olfactory groove meningiomas comprises of one of the most challenging lesions of the anterior skull base. We represent our experience in the microsurgical management of these lesions.

METHOD: A retrospective study was done on 30 patients (2015-2019) with radiologically evident Olfactory groove meningioma, who underwent microsurgical resection by the presenting author himself. Depending on the size of the lesion, they were approached either by pterional or the classical bicoronal scalp flap with unilateral/bilateral craniotomies. The goal in all the cases were to achieve either a gross total resection (Simpson's Grade 1/grade 2) or a maximal safe resection and also to preserve at least one olfactory tract. Coagulation of the dural attachment and peeling out the tumor tissue off the branches of ACA using microneurosurgical techniques has been a standard in all our cases. Their post operative status was determined by assessing the clinical condition of the patient and also by getting a CT/MRI done subsequently.

RESULTS: Out of the 30 patients, 24 of them underwent gross total resection while 6 of them had subtotal resection. 2 patients died in the post op period (both had subtotal resection done and higher grade of tumor). The mean follow up was for a period of 24 months.

CONCLUSION: Olfactory groove meningiomas are quite challenging lesions and transcranial surgery using standard microneurosurgical principles often fetches good outcome. Total tumor resection (Simpson's Grade 1) with adequate skull base reconstruction should be the primary goal for these space occupying lesions.

Keywords: Anterior Skull Base, Olfactory Groove, Microneurosurgery



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PP-06

INTRAVENTRICULAR MENINGIOMAS: UNMASKING RARE INTRACRANIAL ENIGMA-A SINGLE CENTRE STUDY

*Ankush Ramesh Parate, GEORGE Chandy VILANILAM, Krishnakumar Kesava Pisharody
Department of Neurosurgery, Sree Chitra Thirunal Institute of Medical Sciences and
Technology, Thiruvananthapuram, Kerala, India*

Intraventricular meningiomas (IVMs) are rare (0.5–5%) and usually low-grade brain neoplasms. Meningiomas mostly arise in the cerebral meninges and are among the most frequent tumors of the central nervous system.

Intraventricular meningiomas originate from the choroid plexus' stroma and arise at the tela choroidea. Here, arachnoid cells are found secondary to the embryologic origin of the choroid plexus. Most meningiomas are sporadic, but some are associated with genetic syndromes or mutations. The lateral ventricle is the most common location (88.4%), with a minority found in the fourth ventricle (8.7%) or third ventricle (2.9%).

Methodology

This is a single centre retrospective study of the Intraventricular Meningiomas that were operated in last 25 years. The age distribution, location, presenting symptoms and signs, extent of resection, histopathological report and its recurrence were studied. These patients were regularly followed for minimum of 3 years.

RESULTS: A total of 2744 patients were operated for Meningioma from the last 25 years out of which 20 were Intraventricular Meningiomas. The most common presenting symptoms were headache, visual impairment (60%) and cognitive changes (20%). All of the Meningiomas were in lateral ventricle – trigone (95%, 19 patients) and body of ventricle (5%, 1 patient) ranging in sizes from 4 to 11cm. Total removal was achieved in 19 cases and the pathology report disclosed was Transitional (5 patients) and Fibroblastic (4 patients) type of meningioma (WHO grade I) with 9 patients having both morphology and atypical Meningiomas in 2 patients. Hydrocephalus, CSF leakage and cerebral edema were the postoperative complications. Five patients have recurrence.

CONCLUSION: Intraventricular meningiomas usually reach a large size before being diagnosed. The surgical treatment is the most suitable option and total removal should represent the main goal of the procedure. A study with larger sample size with participation of multiple centers is required.

Keywords: Intraventricular Meningioma, trigone, tela choroidea



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