

Skull Base Meningioma

What is a skull base meningioma?

It is usually a benign tumour, not a cancer, which arises from the protective lining of the brain (the meninges) at the base of the skull. There are different areas that these tumours can arise from within the skull base and your surgeon or specialist nurse will give you more details about your specific tumour.

What causes meningiomas?

As with most brain tumours, the cause of meningioma is almost always unknown.

A small number of patients may develop a meningioma following radiotherapy to the brain/head. This is rare and happens many years after treatment.

Another potential but uncommon cause, could be a genetic condition called NF2. If your doctor feels that you need any further investigation for this condition, he or she will discuss this with you at your outpatient appointment.

How common are Meningiomas?

Meningiomas are rare tumours with a prevalence of 1:38,000. They can occur at any age but are most common in women (thought to be related to hormones) and in people over 40.

How fast do meningiomas grow?

If meningiomas grow, the growth rate is usually very slow. They can occasionally grow faster and the pattern of growth is very variable. However, the rate of growth means that it is generally safe to plan treatment ahead of time.

What symptoms do meningiomas cause?

The symptoms of a meningioma vary depending on the size and location of the tumour. These tumours can be so slow growing that they may go undetected for years. Meningiomas can grow around nerves that control function (cranial nerves) so that for example, hearing, eye sight, smell and sensation can be affected. They may also cause headaches, fits or muscle weakness.

Some people have no symptoms at all, and the meningioma is discovered while they are being investigated for something entirely unrelated.

Are meningiomas dangerous?

Meningiomas are not normally cancerous and do not spread to other areas of the body.

Patient Information

If a meningioma is allowed to grow very large, it can potentially be a life-threatening condition as the tumour can press onto parts of the brain that control breathing and heart rate. However, your tumour will be monitored and if necessary, treated to prevent this from happening.

How can meningiomas be treated?

There are three main ways of treating meningiomas. If the tumour is small, then many patients prefer to undergo a period of observation (known as active surveillance, 'watch, wait and rescan', or WWR). This has no potential side effects unlike the other treatment options but you do require periodic scans to make sure that the tumour is not growing. The other treatments are surgery and radiotherapy.

Decisions about what is the best treatment option for you depend on many factors, such as size, location, symptoms, your general health and the grade of your tumour. The multi-disciplinary team caring for you (consisting of neurosurgery, ENT, neuro-oncology, radiology, pathology and specialist nurses) will discuss the risks and benefits of treatment at your outpatient consultation.

Other information

Steroids

Some patients are advised to take a course of steroids to help reduce swelling around the tumour. It is important that you take this medication correctly, complete the course of tablets and monitor for any side effects. You must not stop taking this medication abruptly, the doctor will advise you how to reduce the dose in a staged way.

It may be recommended that you take a medication to avoid stomach irritation. Occasionally, steroids have a serious side effect of affecting your mental health such as feeling depressed, mood swings, anxiety and hallucinations. If you experience any of these symptoms, you should see your GP to review your medication.

Driving

You must tell the DVLA you have meningioma if it affects your driving. If you have an incidental asymptomatic meningioma that does not require treatment it may still be possible to use a car licence. There are separate restrictions for those with a Group 2 licence.

You will need to inform the DVLA following surgery or radiotherapy/radiosurgery for a meningioma as you may have restrictions placed after treatment. Please discuss this with your doctor.

Flying

Travelling by aeroplane should be avoided for at least three months after meningioma surgery.

Patient Information

Support groups and Charities

Meningioma UK

www.meningiomauk.org

Telephone: 01787 374084

enquiries@meningiomauk.org

www.braintumoursupport.co.uk

General enquiries

01454 414355

Support Services line (local rate call)

0845 4501039

info@braintumoursupport.co.uk

The Brain Tumour Charity

Support & Info Line

0808 800 0004

support@thebraintumourcharity.org

Brain and Spine Foundation

Tel: 020 7793 5900

info@brainandspine.org.uk

Macmillan Cancer Support

0808 808 0000

www.macmillan.org.uk