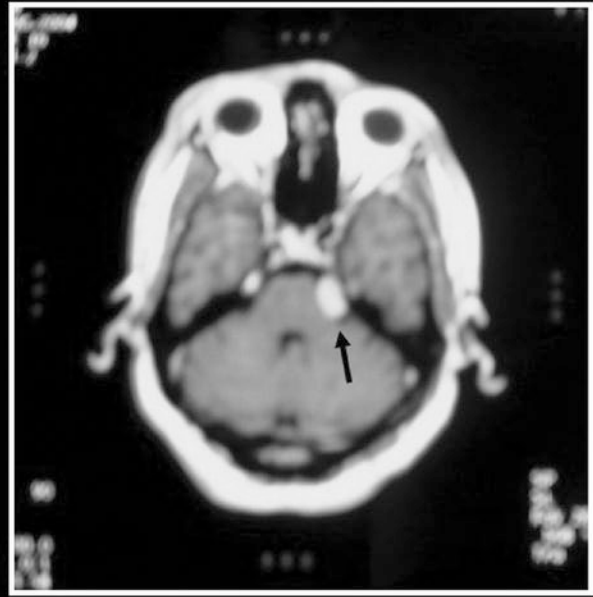


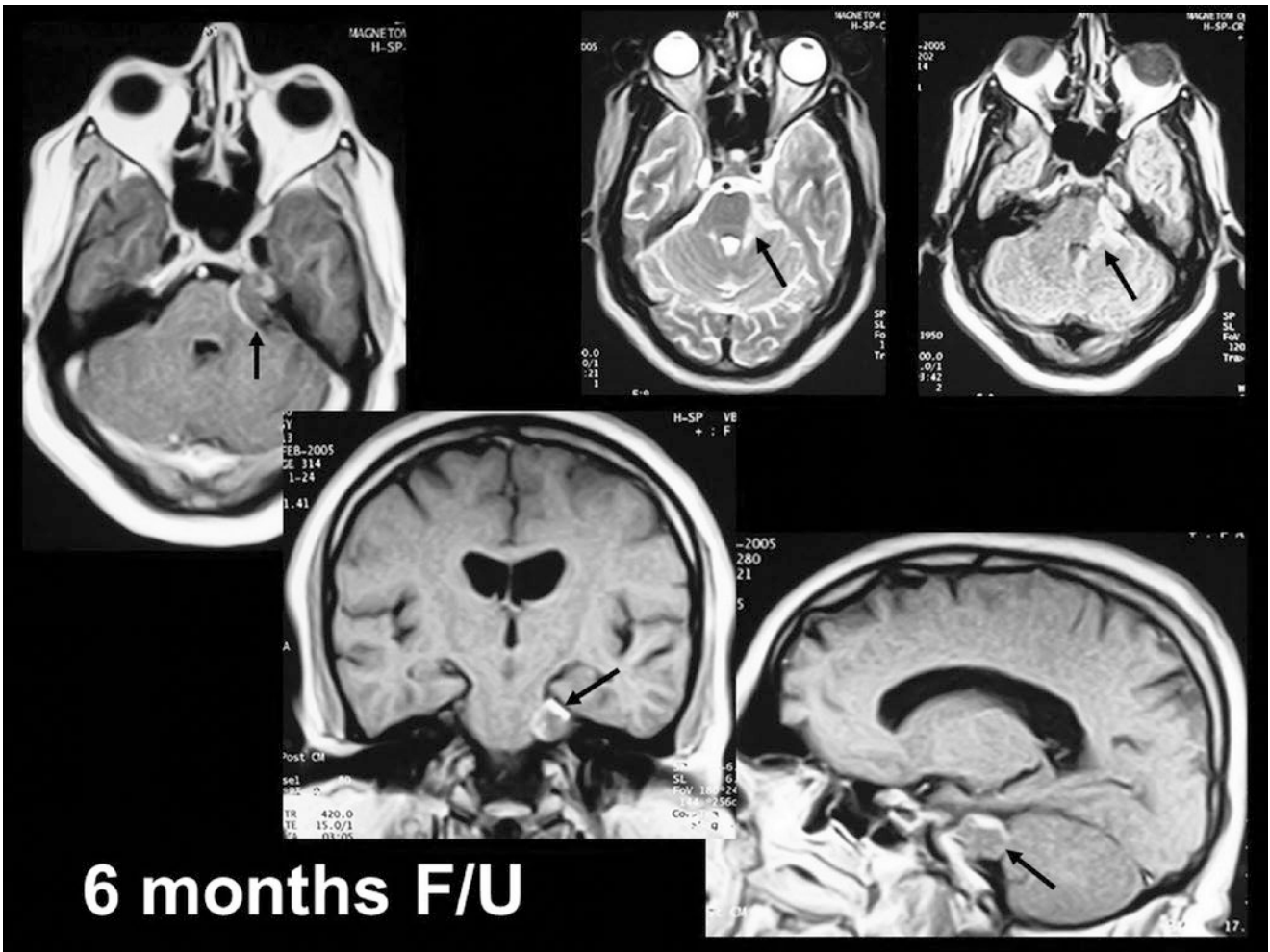


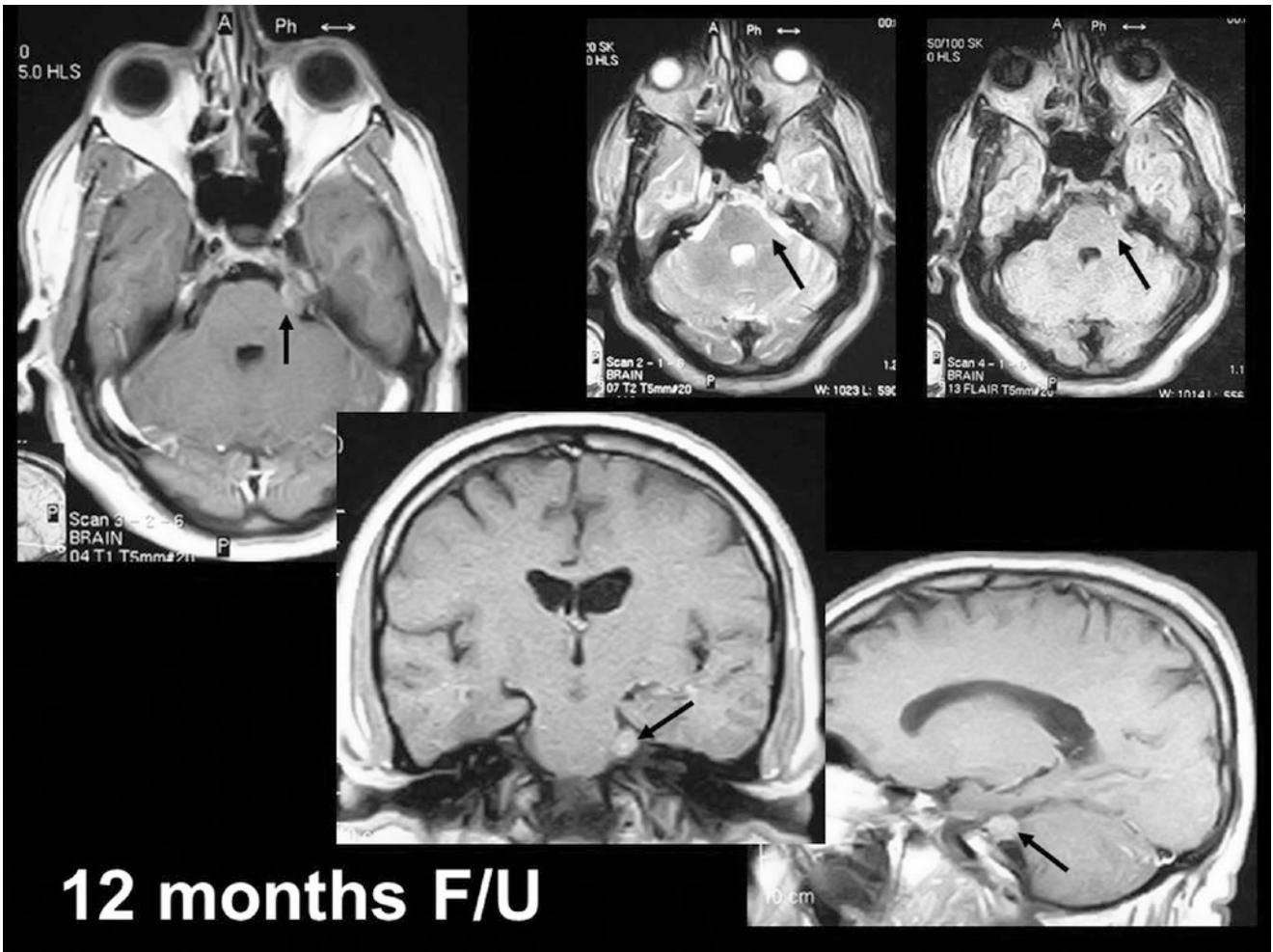
- **Demographics:** Male; 52 years
- **Presentation:** Left trigeminal neuralgia
- **Diagnosis:** Petrous apex meningioma
- **Pre-radiosurgery Treatment:** None
- **Radiosurgery Treatment:**
 - Upfront (primary); linac-based SRS for left petrous apex meningioma
- **Radiosurgery Dosimetry:**
 - Target volume: 1.7 cc
 - Marginal dose: 12.0 Gy
 - Marginal isodose: 80%
 - Maximum dose: 15.0 Gy
 - Minimum dose: 11.7 Gy
 - Average dose: 14.3 Gy
 - Number of isocenters: 1
 - Maximum dose to brain stem: 14.2 Gy
- **Follow-Up Period:** 248 months post-SRS
- **Clinical Outcome:**
 - 6 months post-SRS: Improving trigeminal neuralgia with medications
 - 12 months post-SRS: Controlled trigeminal neuralgia with medications
 - 18 months post-SRS: Controlled trigeminal neuralgia with medications (smaller doses)
 - 36 months post-SRS: Controlled trigeminal neuralgia without medications
 - 248 months post-SRS: Sustainable control of trigeminal neuralgia without medications
- **Complications:** None
- **Radiological Outcome:**
 - 6 months post-SRS (MRI):
 - Mild increase in tumor size (pseudo-progression)
 - Loss of central tumor contrast enhancement
 - Appearance of perilesional brain stem high signal in T2 and FLAIR studies, denoting vasogenic edema (asymptomatic)
 - 12 months post-SRS (MRI):
 - Decreased tumor size
 - Decreased tumor contrast enhancement
 - Resolved perilesional brain stem high signal in T2 and FLAIR studies
 - 18 months post-SRS (MRI):
 - More decrease in tumor size
 - More decrease in tumor contrast enhancement
 - Persistent resolution of perilesional brain stem high signal in T2 and FLAIR studies
 - 36 months post-SRS (MRI):
 - More marked decrease in tumor size
 - Stationary decreased tumor contrast enhancement
 - Persistent resolution of perilesional brain stem high signal in T2 and FLAIR studies
- **Post-radiosurgery Treatment:** None

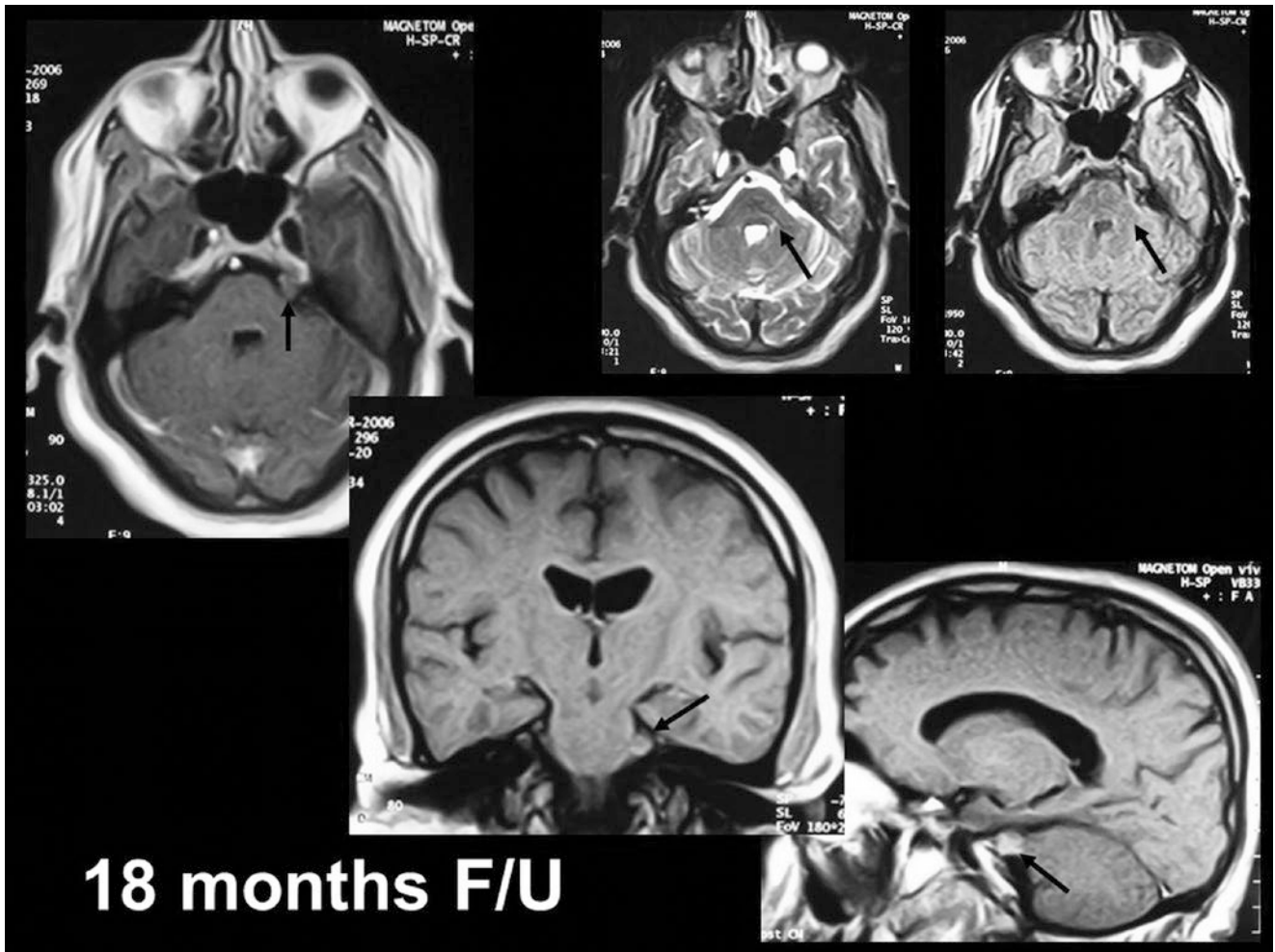


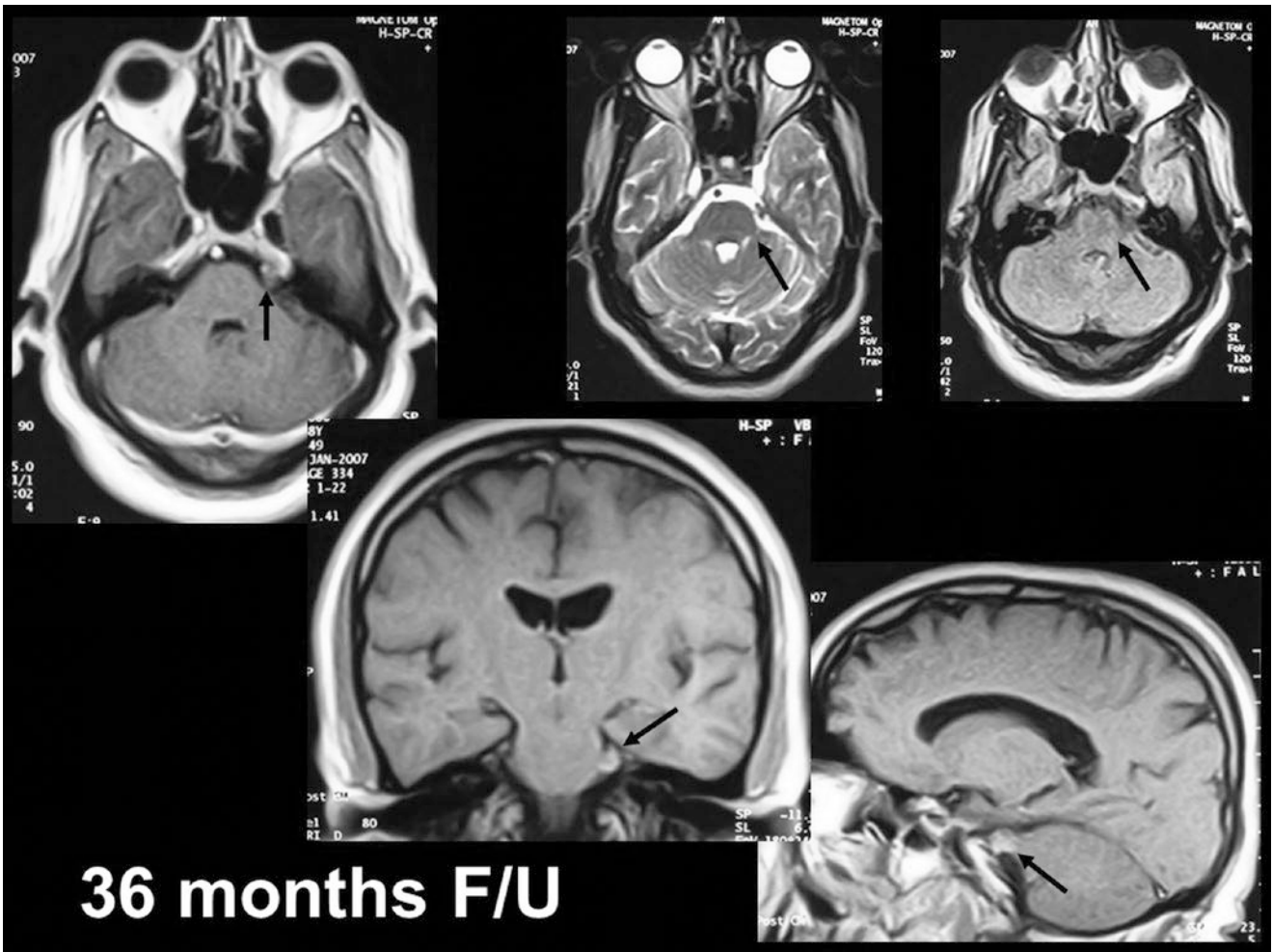


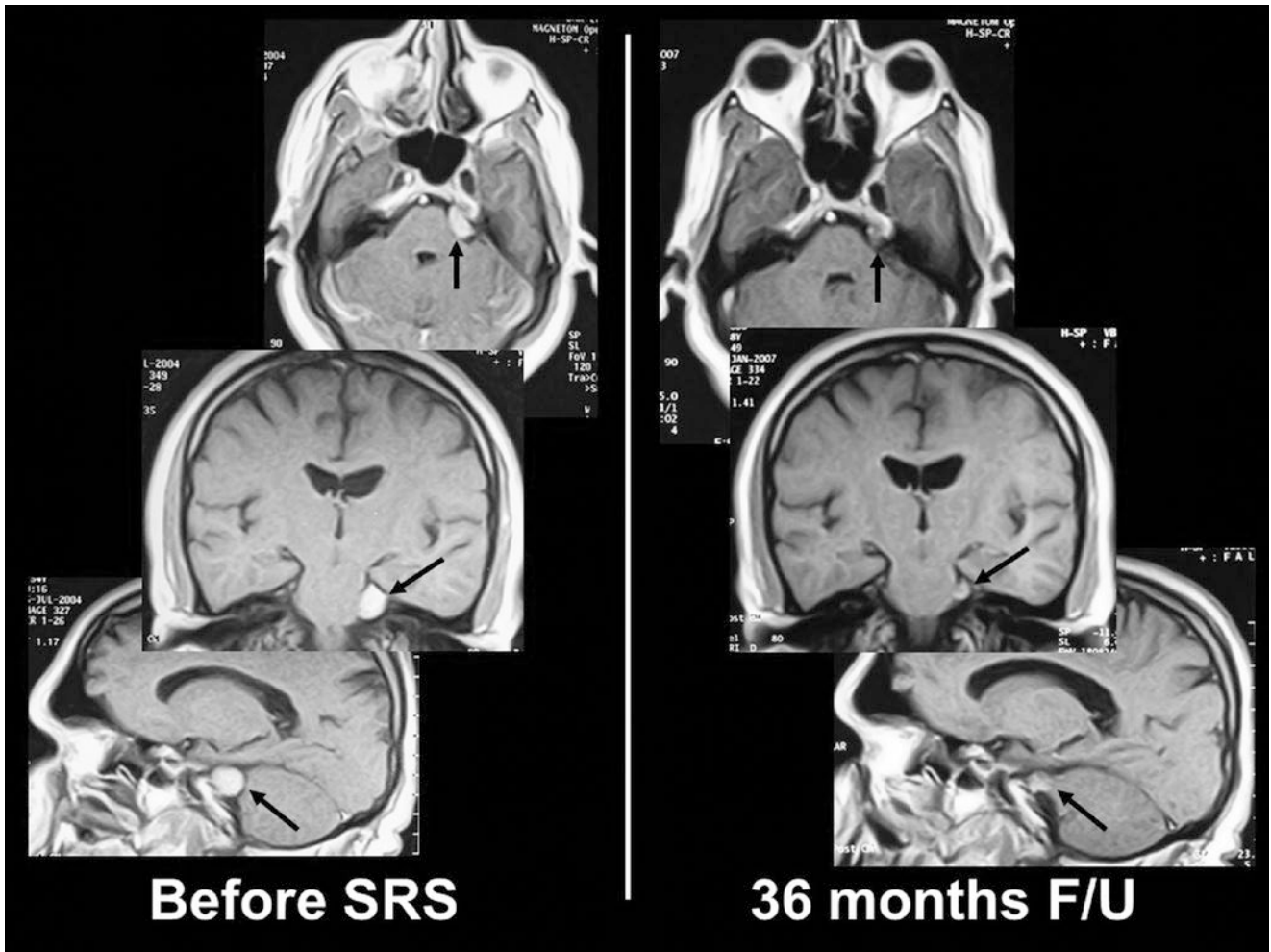
Treatment Day

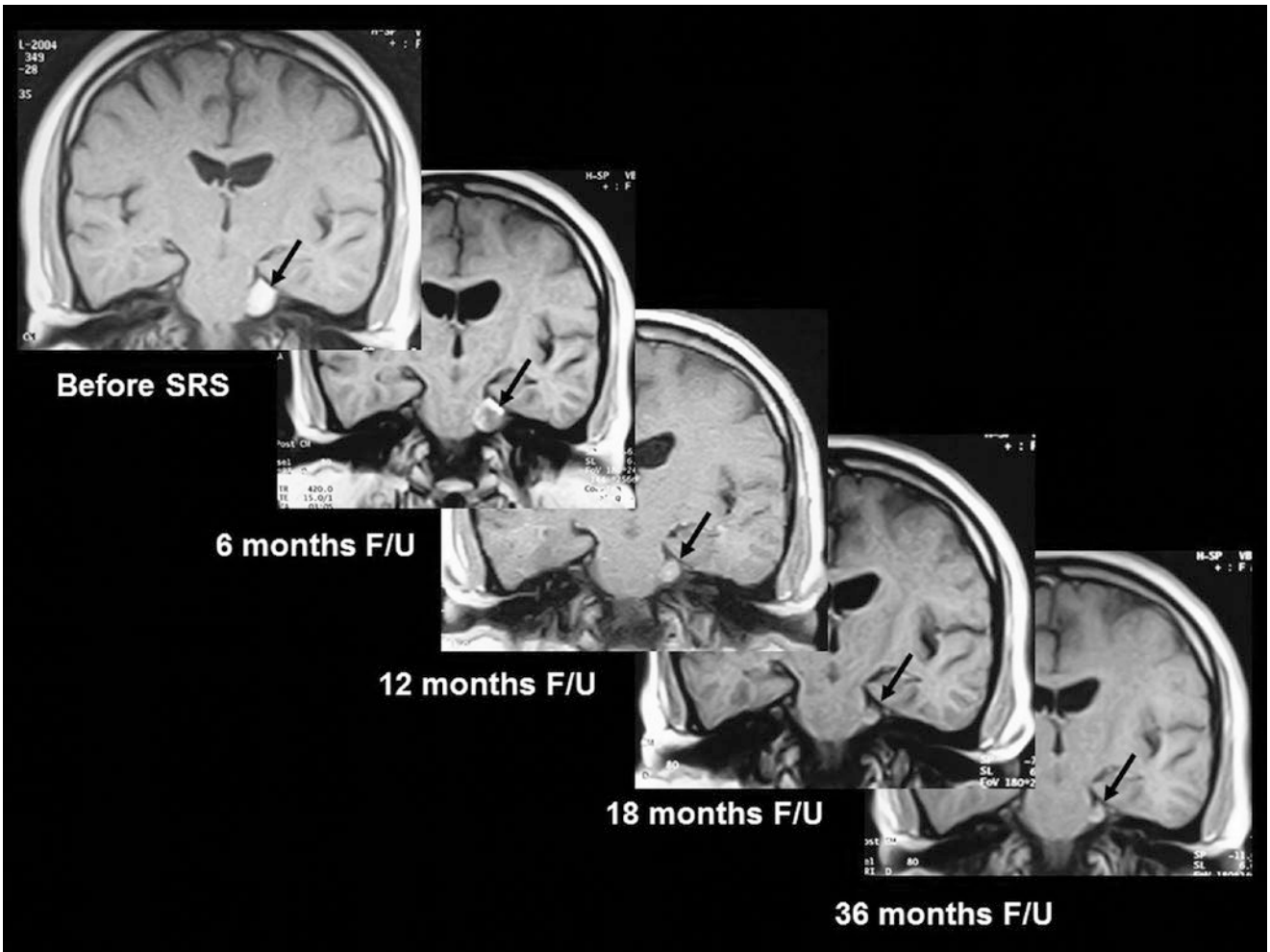


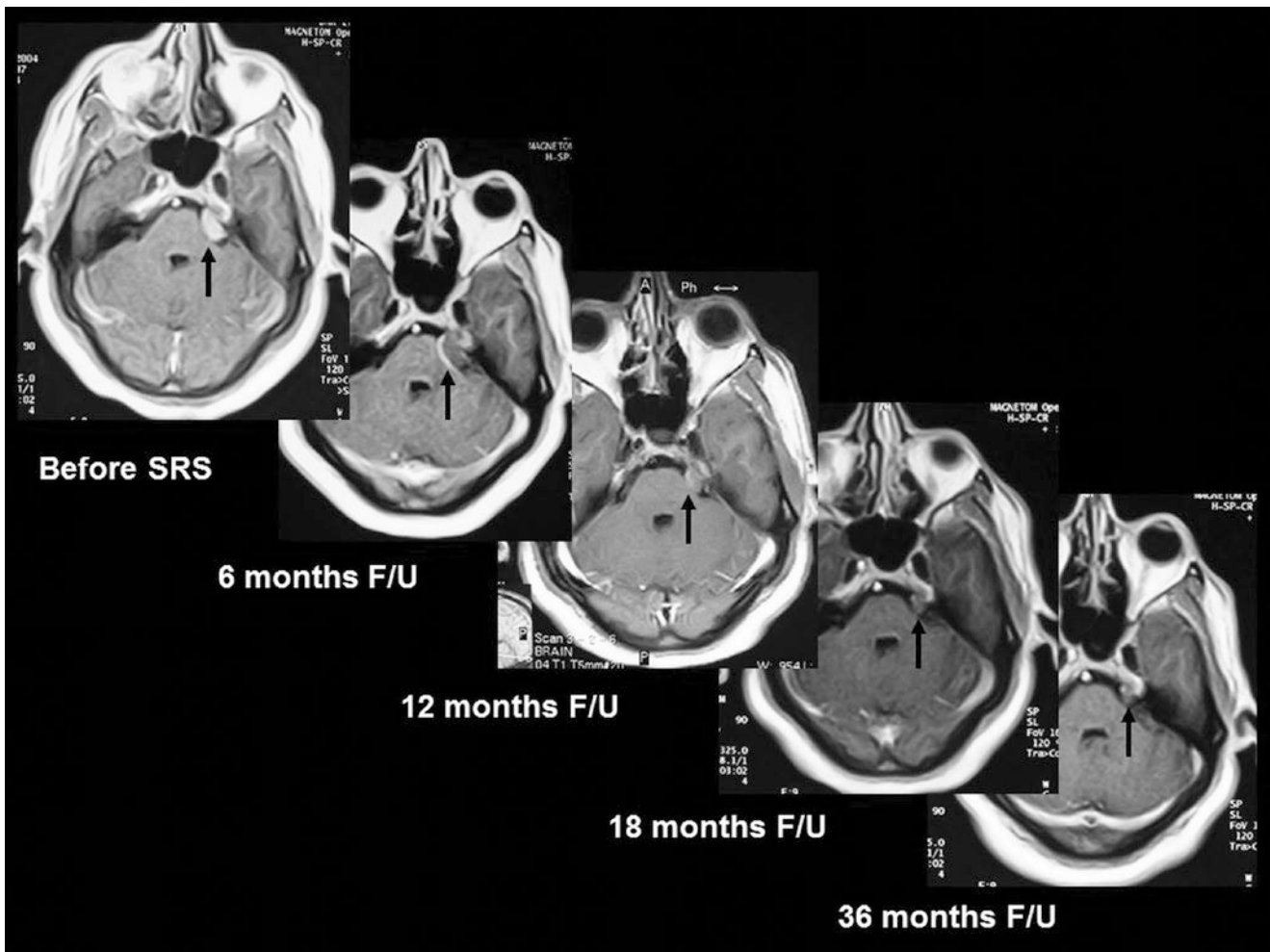












Further Reading

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- Kunert P, Matyja E, Janowski M, et al. Rapid growth of asymptomatic meningioma following radiosurgery. *Br J Neurosurg.* 2009;23(2):206–8.
- Maksoud Z, Schmidt MA, Huang Y, et al. Transient enlargement in meningiomas treated with stereotactic radiotherapy. *Cancers.* 2022;14:1547. <https://doi.org/10.3390/cancers14061547>.
- Novotný J Jr, Kollová A, Liscák R. Prediction of intracranial edema after radiosurgery of meningiomas. *J Neurosurg.* 2006;105 Suppl:120–6.
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