



**Medical
Blueprints**

AWAKE BRAIN SURGERY SAVES BENDER REPORT #2824

BACKGROUND: Oligodendroglioma is a rare tumor that occurs in the brain and belongs to a group of brain tumors called gliomas. Gliomas are known as primary tumors which means they originate in the brain rather than spreading from somewhere else in the body. About 3% of all brain tumors are oligodendrogliomas and these tumors can be fast or slow growing. They are more commonly diagnosed in adults, though young children can also be affected. In rare cases, the tumors can spread through the central nervous system via the fluid around your brain and spinal cord. Oligodendrogliomas are typically divided into two types such as: grade II (slow growing), and anaplastic grade III (fast growing and malignant).

(Source: <https://www.healthline.com/health/oligodendroglioma>)

SYMPTOMS AND SURVIVAL: The symptoms experienced will depend on the size of the tumor and what part of the brain the tumor is growing in. When the tumor is in the frontal lobe, symptoms can include headaches; paralysis; seizures; changes to your behavior and personality; memory loss; and loss of vision. When the tumor is in the parietal lobe, symptoms can include changes to your sense of touch; problems with coordination and balance; difficulty concentrating; difficulty reading, writing, and calculating; difficulty recognizing and interpreting sensations; and inability to recognize objects by touching them. When the tumor is in the temporal lobe, symptoms can include loss of hearing; inability to understand language and music; memory loss; hallucinations; and seizures. The life expectancy of a person with oligodendroglioma depends upon the grade of the tumor and how early it was diagnosed. People with grade II are likely to live for around 12 years following diagnosis, whereas people with grade III are expected to live an average of 3.5 years.

(Source: <https://www.healthline.com/health/oligodendroglioma#life-expectancy>)

TREATMENT OPTIONS: Treatment for an oligodendroglioma usually begins with surgery with the goal being to remove the tumor. An oligodendroglioma may be removed entirely or in part, depending on its features and location. Neurosurgeons today can operate using a microscope to visualize the tiniest of brain and spine structures. And those who specialize in endoscopic surgery use small, flexible, lighted tubes called endoscopes to visualize various parts of the brain, skull base, or spinal cord through small openings. Neurosurgeons may also use stereotactic radiosurgery for precise delivery of highly focused radiation that can pinpoint an oligodendroglioma tumor or other target with little or no effect on normal surrounding tissue. Advances in imaging techniques (such as CT, MRI, and PET scans) have allowed neurosurgeons to view highly detailed pictures while they are operating. Sometimes, the neurosurgeon will need to map the brain during the procedure which may entail being awake for part of the procedure. The awake portion is designed so that the surgeon can localize the areas of the brain critical for language function or movement. This allows the surgeon to remove the maximal amount of tumor while keeping the patient safe in the process.

(Source: <https://weillcornellbrainandspine.org/condition/oligodendroglioma/surgery-oligodendroglioma>)

✉ **For More Information, Contact:**

Wesley Roberts, Media Relations Specialists
Wesley.Roberts@bmcjax.com

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