

Preface



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Guest Editor

The treatment of vestibular schwannoma is optimally a collaborative effort between neurosurgeons and otolaryngologists. A multidisciplinary approach is beneficial to the outcome of management decisions that can range from serial observations to surgical intervention. The advent of more precise radiosurgery, with lower marginal dosing, has ushered in a new era of treatment paradigm.

This issue presents classic articles on treatment for acoustic neuroma patients. The revelation in these articles is that, as state-of-the-art of scientific and clinical aspects of acoustic neuroma continue to advance, the concepts of basic knowledge and expert skill presented by our predecessors remain central to the treatment of this disease.

Presentations of William House and Clough Shelton's middle fossa approach, Neal Cohen's retrosigmoid approach, Dale Brown and Ugo Fisch's transotic approach are as relevant and useful to surgeons in 2008 as they were when discussed a decade ago. Conservative management of acoustic neuroma continues to develop and is discussed here by Julian Nedzelski, David Schessel, Andrew Pfeiderer, Edward Kassel, and David Rowed. The cochlear and brainstem presentation has been updated with current concepts

by Elizabeth Toh and William Luxford. Selection of surgical approach continues to be the crucial to the outcome for the patient and is presented in this issue with a timeless discussion by Robert Jackler and Lawrence Pitts. More recent discussions on surgical approaches and complications, radiosurgery and radiotherapy, and stereotactic radiation techniques are presented by our colleagues in otolaryngology, Marc Bennett and David Haynes, Ilya Likhterov, Robert Allbright and Samuel Selesnick, and Steven Abram, Paul Rosenblatt, and Stephen Holcomb, respectively. Absolutely essential information on microsurgical anatomy, imaging, nerve monitoring, and guiding patients through surgery are presented by Albert Rhoton and Helder Tedeschi, Hugh Curtin and William Hirsch, Charles Yingling and John Gardi, and Douglas Backous and Huong Pham, respectively. Through the words of these masters, each of us is reminded of the depth and breadth of their work, which continues to spur us on to advance our skills and techniques and continue to collaborate with each other. Collectively, we strive to continually improve functional outcomes for our patients with acoustic neuroma.

What does the future hold? The concept that “the treatment of patients should be

dictated by tumor biology” is a fundamental tenet of oncology. However, we have yet to embrace this completely in the realm of acoustic neuroma. For example, patients who present with small tumors or with minimal symptoms are often treated empirically with surgery or radiation as a pre-emptive measure, to prevent growth and improve long-term function. Ongoing studies into molecular attributes of tumors that correlate with growth rate, or response to radiation, should yield important insights into what may be most appropriate for a particular patient.

Once we gain insights into novel treatment paradigms that better tailor our management, how will we disseminate this information to patients and providers? As with many diseases, patient advocacy has played a critical role in this regard. In particular, the Acoustic Neuroma Association (ANA) serves as a model patient advocacy group that has provided important information for 25 years to its members.

The activities of the ANA include the following:

- 1) The newsletter NOTES is published quarterly. ANA is committed to keeping its members informed with professionally authored medical information, self-help aids, personal accounts from acoustic neuroma patients, and support group updates.

- 2) Patient booklets deal with all aspects of acoustic neuroma. Single copies are free to members; larger quantities may be purchased.

- 3) A national symposium is presented every other year for acoustic neuroma patients, family members, and health care professionals.

- 4) Local support groups provide opportunities for patients to communicate and network with others.

- 5) Research results are produced and published on the effects of acoustic neuroma.

- 6) The Web site (www.ANAUSA.org) is maintained with an interactive ANA discussion forum extending the goals of making information and networking opportunities available to patients.

The informed practitioner should be aware of the landmark contributions in the field, stay up-to-date on future directions for therapy, and be able to refer patients to resources that facilitate a better understanding of both.

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