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[ Eseuri Limba si Literatura Romana BAC.pdf] Free PPT, PDF file (PPT / PPTX / PPS / PPTM / PPST / DOC / DOCX / RTF), txt, jpg. Surgical management of low-grade meningiomas: recurrence patterns and status of surgical resection: a single-institution experience. Management of low-grade meningiomas is controversial. The objective of this study was to identify prognostic factors in surgical management. Patients in our prospectively maintained database with World Health Organization grade I meningioma were selected. Univariate and multivariate analysis were performed to identify prognostic factors for recurrence. This analysis included 171 patients (mean age, 50.9 years; median follow-up, 4.4 years; range, 0.1-29.1). A total of 45 patients were followed for a mean of 4.3 years after their first surgery. Eight patients (18%) had a subsequent recurrence (mean, 6.3 years; range, 0.7-10.0 years), but only 3 (6.7%) of these experienced a second recurrence. Seven of the 8 patients with a second recurrence had undergone surgery between 5.9 and 20.0 years from initial resection. On multivariate analysis, factors predicting a greater risk of recurrence after the initial operation included male gender (P =.02) and initial meningioma size (P =.02). Factors associated with the later recurrence were initial Grade I or recurrent Grade I meningioma (P =.03) and tumor volume (P =.002). One of the patients who underwent reoperation also experienced a recurrence and died of disease. In this study, the recurrence rate after surgery for low-grade meningioma was 6.7%. Among patients who underwent second operations, these resections appeared to be successful. The development of a late recurrence was almost exclusively identified among patients who had grade I or recurrent Grade I meningiomas. Endoscopic use of bioadhesive liquid polymers: evaluation of a method for assessing new protocols. Controlled bioadhesive and mucoadhesive properties of a new liquid polymeric agent were evaluated in rabbit es ba244e880a

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