

Preface

In planning this book, I had three major goals. The first was to compile and disseminate all the advances and new information relating to meningiomas which became available in the last 15-20 years. In this time frame, there has been a significant increase in our understanding in regards to the meningioma pathologic classification, the natural history and basic science. Dramatic technological advancements have also been made in diagnostic and interventional radiology as well as in surgical and radiation treatments for meningiomas, such as incorporation of the following in the treatment armamentaria: endoscopy, various skull base techniques, computer-assisted surgery and radiosurgery. Additionally, new information regarding surgical outcome and patient selection for surgery are becoming available, all of which are resulting in a significant change in how neurosurgeons treat patients with meningiomas.

The second goal for this book was to teach and stimulate the next generation of neurosurgeons. Because meningiomas can occur anywhere within the intracranial space or along the spine, for an individual neurosurgeon, mastering the surgery of meningiomas allows one to become a master surgeon. In other words, to learn the basics of meningioma surgery – i.e. surgical decision making, positioning, anatomy, approach, exposure and microdissection, tumor removal, hemostasis, closure- is to learn the basics of neurosurgery. Moreover, meningioma surgery is arguably the most rewarding, challenging and, at times, daunting task for neurosurgeons: rewarding, because of the benign nature of most meningiomas, leading to a possible cure following total removal, challenging because of the tumors' common sites of involvement in proximity to critical neurovascular structures especially when involving the central skull base, and daunting due to the tumor's tendency to recur in higher grades of histologic subtypes and to its frequent involvement of the surrounding skull base bone, dura and neurovascular structures making complete removal often risky or impossible. Although meningioma surgery can be enjoyable and rewarding, I wanted young readers to appreciate and respect the challenging and daunting aspects, which will undoubtedly serve as the stimulus for continued learning, refinement and progress in this field in the future.

The third goal, but the most important one, was to give back to our patients. As neurosurgeons or physicians, we are nothing without our patients. Our patients are truly the backbone of our professional livelihood. It is a great privilege to be able to provide care for other human beings. I firmly believe that the best way to show sincere gratitude to our patients is to not only provide the best care possible, but also to learn from each, so that treatment for the subsequent patients is better and improved.

Editing this book was a much greater task than initially anticipated, with 64 chapters contributed by over 110 distinguished authors from 5 different continents. I am truly honored to be given the opportunity to complete this project which could not have been possible without the support of all the contributors and the publisher, Springer-Verlag. My only regret is that I could not possibly include all of the international experts to join me in this project.

I intentionally solicited differing views and approaches when there are multiple reasonable ways of dealing with the same problem. I thought presentation of multiple ways is superior to pre-selected (and, hence biased) single presentation. Moreover, I wanted very much for young readers to appreciate the fact that there is no single best way of treating certain meningiomas. Hopefully, they will appreciate that whatever technique or approach that results in the best long-term patient outcome in their local setting is what really matters, whether it is surgery vs. radiosurgery for cavernous sinus meningiomas, endoscopic surgery vs. microsurgery in anterior skull base meningiomas, total vs. subtotal resection followed by radiosurgery in parasagittal or skull base meningiomas, anterior vs. posterior transpetrosal approach in petroclival meningiomas, aggressive surgery vs. radiation in optic nerve sheath meningiomas, etc.

This book could not be completed without the valuable assistance of Ms. Christine Moore, an editorial assistant in the Department of Neurosurgery, Cleveland Clinic, and Dr. Burak Sade, my former fellow and present colleague. I cannot thank them enough! I am also greatly indebted to all my mentors: as stated above, they include all my patients, in addition to Professors Eve Marder (neurophysiology professor in college), Alain B. Rossier (college senior thesis preceptor) and John A. Jane, Sr. Lastly, I thank my lovely wife, Heeyang, and my dearest sons, Terry, Nick and Ryan, for their constant support, love and inspiration.

As stated earlier, one of the goals of this book was to teach. However, in completing this book, I became the biggest beneficiary, having learned so much. Just like meningioma surgery, editing this book was immensely enjoyable, rewarding and challenging. If through this book, I have stimulated even a small number of young neurosurgeons to learn and make continued progress in the area of meningiomas, so that they in turn can provide better and improved care for their future patients, I have fulfilled my goals.

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