

# CONSERVATIVE MANAGEMENT OF ACOUSTIC NEUROMA IN THE ELDERLY PATIENT

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A subtotal resection through the translabyrinthine approach should be used in the treatment of large symptomatic acoustic neuromas in patients over the age of 65. This approach will consistently relieve the patient's symptoms of brain stem compression, reduce postoperative morbidity and complications, and preserve facial nerve function.

In the elderly, after subtotal resection, the remaining tumor in 80% of cases appears to remain dormant during the average six year follow-up (1-16 year range). Eighty percent of acoustic neuromas not operated upon, appear to grow at a slow rate (0.2 cm/yr) while 20% grow at a fast rate (1cm/yr). Patients over the age of 65 with small acoustic neuromas do not need surgical intervention. Yearly CT scanning is recommended to determine the growth rate of the acoustic neuromas.