Current management of glioma

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Gliomas are common type of primary brain tumors and their treatment has remained challenging. Although, curative therapies are currently not available, gliomas are treated best with a multidisciplinary team approach. Current treatments consist of surgical tumor resection, radiation therapy and chemotherapy. Cytoreductive surgery still remains the cornerstone in the management of gliomas. Preoperative investigations with new diagnostic modalities and sophisticated intraoperative techniques are available today that help maximize the extent of tumor resection leading to improved overall survival while minimizing the risk of postoperative neurological deficits. However, there is still need for additional better treatment options. Recent progress of molecular genetics including targeted therapy trials based on the progress of molecular genetics and biology, and moreover, on-going immunotherapeutic trials are intriguing. The future of treatment of gliomas will incorporate translational research efforts.

The evolving clinical profile, pattern of management and outcome of patients with acute cardioembolic stroke seen at University of Philippines- Philippine General Hospital

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Introduction: One of five ischemic strokes is cardio-embolic in nature. Despite the robust data on cardio-embolic stroke (CES) in western literature, there is scarcity of locally published data on Asians. The higher prevalence of rheumatic heart disease (RHD) in developing countries and the growing availability of NOACs may contribute to an evolving patient profile.

Aim: This study aims to define the profile, management patterns and in-hospital outcomes of Filipino patients with CES.

Methods: A two-year retrospective study of patients with CES admitted at UP-PGH from 2013-2014 was done. The diagnosis of CES was made using the TOAST classification. Demographic/clinical data were obtained. Official results of cranial CT scan/MRI, electrocardiogram and echocardiogram were obtained. Data were obtained using a standardized data collection form.

Results: A total of 126 patients were enrolled. Mean age was 59.9 years. Majority (88%) had a CHADS-VASC score of >2. Atrial fibrillation remained the most common rhythm abnormality (67%) and 20% had RHD (mitral stenosis). On echo, 92% had LVH and 58% had left atrial enlargement. Interestingly, only 5% had thrombus and 8% had rheologic stasis. Majority had moderate-large artery territory infarctions with 40% hemorrhagic conversion within four days. Two of three patients were given initial anticoagulation. Only half of those who survived were discharged on oral anticoagulation. Only 10% of patients were given NOACs. Mean HASBLED score was 1.9±0.96. Bleeding complications was 6%. CES were associated with longer hospital stay (16 days) and development of nosocomial pneumonia (46%).

Conclusion: This is the largest local study on patients with acute cardio-embolic stroke. The profile of Filipino CES patients was similar to the previous studies in terms of the patients’ age, neuroimaging findings, rate of hemorrhagic conversion, and low anticoagulation rate. Despite the availability of newer anticoagulants and the compelling indication to maintain these patients on long-term anticoagulation for secondary stroke prevention, 45% were discharged on anti-platelets alone. Contrary to western data, Filipino CES patients are younger with majority of them having RHD.