IMMEDIATE POSTOPERATIVE REHABILITATION FOR PATIENTS WITH NEWLY-DIAGNOSED GLIOMA

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BACKGROUND: Importance of early intensive rehabilitation is recently emphasized not only for Stroke Unit but for Intensive Care Unit. We have started such early comprehensive rehabilitation for patients after brain tumor surgery. Rehabilitation therapists were specially assigned to our brain surgery unit as members of the ward staffs. The purpose of this study is to show how this rehabilitation trial works for post-surgery patients with glioma.

METHODS: Thirty-two patients with glioma (20 males and 12 females) who were admitted to our institution in the year of 2018 were included. Mean age was 61.8±13.3 years; glioblastoma was the major tumor type (24 patients). We retrospectively analyzed rehabilitation outcome focusing on improvement of the Functional Independence Measure (FIM) scores during hospitalization. RESULTS: Mean duration from surgery to the first rehabilitation intervention was 2.4±1.2 days, and mean hospital stay was 74.4±31.4 days. Twenty patients were discharged to home (62%) and 12 were transferred to other hospitals for convalescence. Motor, cognitive and total FIM scores were 41.0±22.2, 18.0±7.5, and 59.1±27.3 before surgery, whereas they were 61.4±28.6, 21.5±9.4, and 83.2±36.9, respectively, at discharge. Motor FIM items revealed more remarkable improvement than those of cognitive ones. Since starting the early intensive rehabilitation trial, patients with brain tumor have been systematically rehabilitated with an organized manner before and after surgery. CONCLUSION: Early intensive rehabilitation for patients with brain tumor is recommended to be done by on-ward therapists who are assigned to work specifically as members of the ward. Both motor and cognitive improvement is expected during hospitalization even in patients with malignant brain tumor.

PROGNOSIS AND DELAYED COMPLICATIONS OF MEDULLOBLASTOMA IN KOBE CHILDREN’S HOSPITAL

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Medulloblastoma is the most common pediatric malignant tumor and about 84.2% of cases are under 15 years old. With a current combined-modality approach that includes surgical approach, chemotherapy and radiation therapy, 5-year survival-rates have become 70–85% and also the so-called long-term survivors have increased in our country. This report reviews the prognosis and delayed complications of medulloblastoma in our institute. Cases were 14 boys and 11 girls from January,2010 to May 2019. Mean age was 6.1 years old (4 months to 14 years old), 18 cases received gross total removal and 12 cases were high risk group. Exclude recent 4 cases, 15 cases have indicated complete reaction though 6 cases had relapsed or new tumor. The results are that 5-year survival rates in our institute is 88% for children with no neuro-psychological complications, 5 cases improved from endocrinal disorders which were not confirmed after the end of all treatments. 2 secondary cancer had appeared 5 and 8 years after the first treatment. 15 cases have indicated complete reaction though 6 cases had relapsed and 2 secondary cancer had appeared 5 and 8 years after the first treatment. The more the survivor in medulloblastoma cases increase, neuro-surgeons have to consider long term follow up more than 5 years and pay more attention to support activity of daily life of these patients.