

ACOUSTIC NEUROMAS

These are benign growths that arise from one of the two 8th cranial nerves (the right or the left), the nerves involved in hearing and balance. These tumors usually develop spontaneously but can occur because of genetic factors.

Acoustic neuromas can cause hearing loss and ringing in the ear, dizziness, and a sense of being off-balance. If they grow large enough, they can compress the brainstem and cause weakness of arms and legs, and other serious neurological problems.

Acoustic neuromas that are very small, or that are stable over time, can be watched. Tumors that



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are very large (over 3.5cm) are usually surgically removed or debulked. Most other acoustic neuromas are good candidates for radiosurgery.

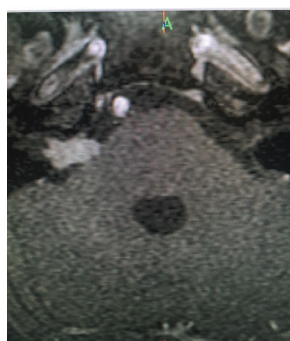
Radiosurgery is about 95% effective. The remaining 5% of patients will ultimately need either repeat radiosurgery treatment or standard open surgery. Radiosurgery will preserve hearing at its current level about 60-70% of the time. Newer radiosurgery techniques try to minimize the dose to the cochlea (one of the structures involved in hearing) and may improve hearing preservation. For almost all acoustic neuromas, radiosurgery is as effective as surgery with a much lower risk profile.



At treatment



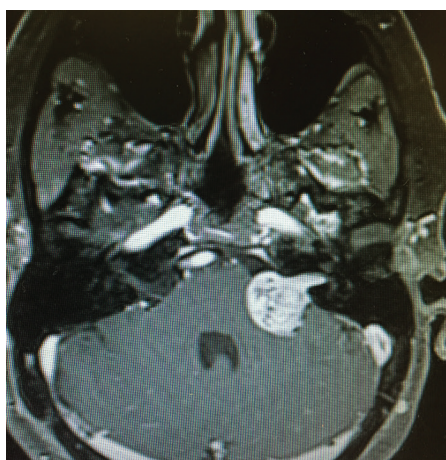
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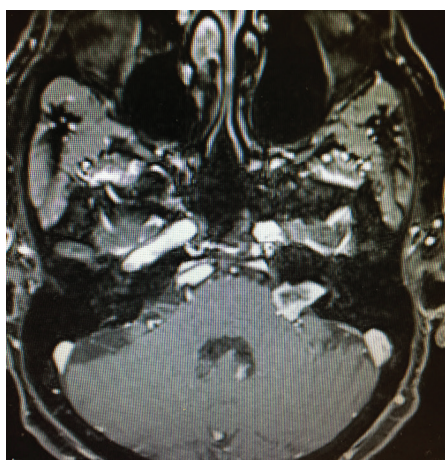
Post treatment

CASE STUDY 1

This is a 58-year-old woman found to have decreased hearing in the right ear (about 30% of normal). MRI showed a right acoustic neuroma. A Gamma Knife treatment was performed. 14 years later, the tumor remains stable and her hearing has been preserved at the pre-treatment level.



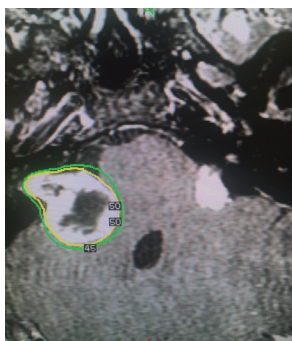
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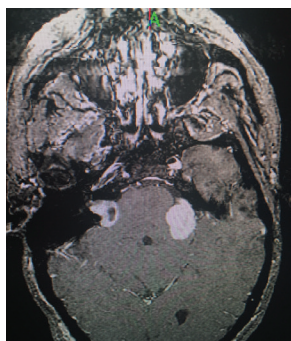
Post treatment

CASE STUDY 2

This is a 66-year-old woman who presented with decreased hearing in the left ear and was found to have a 2.3. cm left acoustic neuroma indenting the brainstem. She underwent gamma knife treatment. 6 years later, the tumor is much smaller. She still has hearing in the left ear, though it is less than it was when the tumor was first treated.



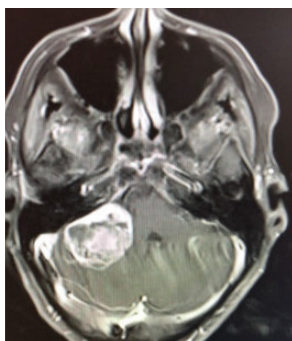
At treatment



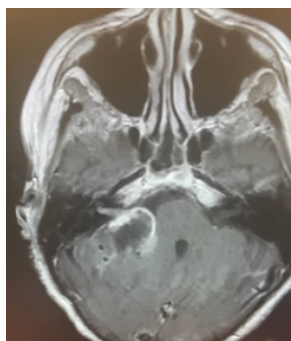
Post treatment

CASE STUDY 3

This is a 26-year-old woman with neurofibromatosis type 2 who presented with significant decreased hearing in the right ear (about 10% of normal). MRI showed a large right acoustic neuroma with brainstem compression, and a much smaller left acoustic neuroma. Gamma Knife was performed on the right acoustic neuroma. 6 years later, the right acoustic neuroma was dramatically smaller, and the hearing in the right ear had improved dramatically (about 80% of normal). The left acoustic neuroma subsequently was found to be enlarging and recently underwent Gamma Knife treatment as well.



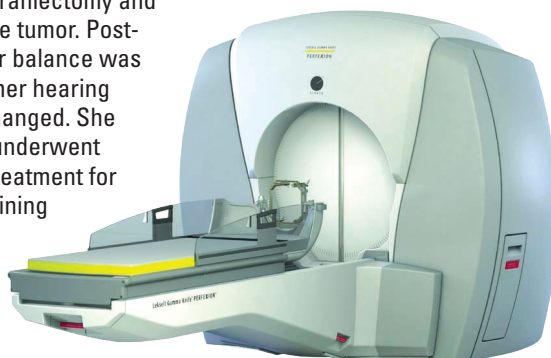
At treatment



Post treatment

CASE STUDY 4

This is a 70 year old woman who had a large acoustic neuroma that had been enlarging fairly rapidly, who presented now with balance problems and serviceable hearing. She underwent a suboccipital craniectomy and debulking of the tumor. Post-operatively, her balance was improved and her hearing remained unchanged. She subsequently underwent radiosurgery treatment for the small remaining piece of tumor.



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Board certified by the American Board of Neurological Surgeons and a Fellow of the American College of Surgeons, Dr. Brisman specializes in the treatment of Trigeminal Neuralgia and Brain Tumors. He serves as the Co-Medical Director of the Long Island Gamma Knife® Center at Mount Sinai South Nassau and he has served as the Chief of Neurosurgery and Co-Director of the Neuroscience Institute at NYU Winthrop Hospital. In addition, Dr. Brisman has formerly served as President of both the Nassau County Medical Society and the New York State Neurosurgical Society.

DR. BRISMAN TREATS:

- Trigeminal Neuralgia
- Brain Tumors
- Pituitary Tumors
- Acoustic Neuromas
- Meningiomas
- Brain Metastases
- Gliomas
- Hemifacial Spasm
- Glossopharyngeal Neuralgia
- Skull Tumors
- Brain AVM's
- Chiari Malformation

Dr. Brisman is proficient in the use of minimally invasive neurosurgical procedures including:

- Stereotactic Radiosurgery
- Gamma Knife®
- CyberKnife®
- Novalis Tx®
- Microvascular Decompression
- Neuro-endoscopy
- Transsphenoidal Endoscopic Surgery
- Stereotactic-guided Craniotomy
- Percutaneous Trigeminal Rhizotomy