

Neurosurgery/Oncology

Skull base meningioma

A skull base meningioma is a non-cancerous (benign) tumour. The tumour arises from the protective lining of the brain (the meninges) at the base of the skull.

There are different areas that meningiomas can form from within the skull base. Your surgeon or specialist nurse will give you details about your specific tumour.

Causes

Meningiomas are rare tumours with a prevalence of 1 in 38,000 people. The cause of meningioma is almost always unknown.

A small number of patients may develop a meningioma after radiotherapy to the brain or head. This is rare and happens many years after treatment.

Another cause of meningioma is a genetic condition called NF2. Your doctor will discuss if you need more investigations for this at your outpatient appointment.

Symptoms

The symptoms of meningioma vary depending on the size and location of the tumour. The meningioma can grow slowly and may go undetected for years.



Patient Information

Meningiomas can grow around nerves that control function (cranial nerves). This can affect your hearing, eyesight, smell, and sensation. Meningiomas can also cause headaches, fits, or muscle weakness.

Some people have no symptoms. Their meningioma is discovered while being investigated for something unrelated.

Are meningiomas cancerous?

Usually, meningiomas are not cancerous. They do not spread to other areas of the body.

If the meningioma grows very large, it can be life-threatening. The tumour can press onto parts of the brain that control breathing and heart rate. We'll monitor your tumour and treat it to prevent this.

Treatment

As meningiomas usually grow slowly, it's safe to plan treatment ahead of time. Occasionally, meningiomas can grow faster.

Watch, wait, rescan

If the tumour is small, many people choose to undergo a period of observation. This is called active surveillance, 'watch, wait, and rescan' or WWR.

WWR has no potential side effects. You may need periodic scans (a few months to a few years interval which will be agreed with your consultant) to make sure the tumour isn't growing.

Surgery or radiotherapy

The other treatments are surgery and radiotherapy. We'll discuss the risks and benefits of treatment with you at your outpatient appointment. The best treatment option for you depends on:

- the size, location, and grade of the meningioma
- your symptoms and general health

More information

Steroids

Some people are prescribed steroids to reduce swelling around the meningioma. It's important you take the steroids correctly, complete the course of tablets and monitor for any side effects.

Do not stop taking steroids suddenly. Your doctor will tell you how to reduce the dose in stages.

Occasionally, steroids can affect your mental health. Ask your GP to review your medicine if you experience:

- feeling depressed
- mood swings
- anxiety
- hallucinations

We may recommend you take a medicine to protect the stomach following steroid use (such as Omeprazole).

Driving

You must tell the DVLA you have a meningioma if it affects your driving.

If you have a meningioma that does not need treatment, it may still be possible to use a car licence. There are separate restrictions for people with a Group 2 licence.

You must tell the DVLA after surgery or radiotherapy for a meningioma. You may have restrictions on driving after treatment. Please discuss this with your doctor.

Patient Information

Flying

Avoid travelling by aeroplane for at least 3 months after meningioma surgery.

Support group and charities

Meningioma UK

www.meningiomauk.org

Telephone: 01787 374084

enquiries@meningiomauk.org

Brain Tumour Support

www.braintumoursupport.co.uk

General enquiries: 01454 414355

Support Services Line (local rate call): 0845 4501039

info@braintumoursupport.co.uk

Macmillan Cancer Support

Telephone: 0808 808 0000

www.macmillan.org.uk

The Brain Tumour Charity

Support and Info Line: 0808 800 0004

Brain and Spine Foundation

Telephone: 020 7793 5900

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