The 34th annual meeting of the Deutsche Gesellschaft für Neurochirurgie was held in Mannheim from April 27—April 30, 1983. The Congress President, Prof. Dr. W. Piotrowski welcomed the participants from Germany and from abroad. The chief topics of this neurosurgical meeting were metastatic tumours of the central nervous system and neurosurgery of elderly patients. The last day was reserved for research and new developments as presented by the young neurosurgeons with free topics.

A. Metastatic Tumours of the CNS


In cases of intracranial carcinomatous metastases, surgical procedures are only exceptionally indicated. They should be especially considered in favourably located, solitary metastases and if it is impossible to eliminate the suspicion of a space-occupying lesion of other origin.

However multiple foci of the basic malignant illness do not represent an absolute contraindication to surgery. To have an idea of the pathophysiological dynamics of the basic malignant disease is more important than the actual morphological findings.

On the basis of forty-four years of personal experience in neurological neurosurgery, an attempt is made to delineate the various aspects which should influence the decision of the surgeon in this complicated field.

The incidence of brain metastases varies according to the type of carcinoma. Therefore the early "prophylactic" treatment of these metastases is indicated according to the type of carcinoma. The treatment possibilities also vary according to the different primary carcinomas. This is true for antineoplastic chemotherapy with respect to the response of the tumours as well as the pharmacological disposal of the drug at the desired site of effect.

The possible side effects of a treatment form must be considered with respect to the prognosis of the patient concerned. There is a wide spectrum of prognostic possibilities for the various treatment forms depending on the type and stage of the tumour.

Thus the chorion-carcinoma, for example, can really be cured, even in the metastatic stage, by the appropriate type of chemotherapy.

A special problem is the prophylaxis of leukemic meningiosis by chemo- and/or radiotherapy.

The improvement in the quality of life is an important goal of the palliative treatment of brain metastases.

The statements about the incidence of intracranial metastases in relation to the total number of brain tumours vary in the literature between 3 and 40 per cent. Metastases from lung cancer and cancer of the breast are most frequent. The CT scan is the most important and the safest neuroradiological method of examination for intracranial metastases.

But only the finding of multiple tumours allows the diagnosis of intracranial metastases by CT scan.

Altogether the diagnosis by CT scan is heterogeneous. The appearance in the CT scan is not typical enough to differentiate safely between metastases and brain tumours. Our own diagnostic results, experience and differential diagnostic difficulties are reported.

Eleven patients with primary CNS lymphomas were treated in our clinic since 1978. In each instance, we initially failed to make the correct diagnosis by CT. Lymphoma was suspected clinically in one patient with uveitis refractory to therapy. The differential diagnostic considerations in this series included meningioma, neurinoma, metastases from an unknown primary tumour, leukemic infiltrate, multifocal glioblastoma, sinus thrombosis, and focal encephalitis. Confirmations of the correct diagnosis required CSF cytological and immunological studies. In general, angiography provided little diagnostic information.