9. Experiences on the Treatment for Metastatic Brain Tumors

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Sixteen cases of metastatic brain tumor were treated during recent four years at National Center Hospital. The primary sources were 12 bronchogenic carcinoma, 2 breast carcinoma, one carcinoma of the bladder and one thyroid carcinoma. The location of the metastatic tumors were 6 in frontal lobe, 4 in parietal lobe, 4 in occipital lobe, 3 in temporal lobe and 2 in cerebellum. Direct invasion to the intracranial space from the skull metastasis were found in 3 cases.

Enucleation of the tumor was performed in 8 times in 5 patients, whereas decompression craniotomy was done in 2 cases. In 5 cases irradiation of electron-beam or intraarterial infusion of the anticancer chemotherapeutic drug using Mitomycin C were added to these surgical procedures. Among these, 4 cases are still alive after 10, 9, 8, and 6 months. Two patients with decompression craniotomy and chemotherapy, lived 2 and 10 months subsequently. There has been only one death due to hepatic necrosis.

Intraarterial infusion chemotherapy alone were done in 6 other patients who were in poor risk with generalized metastasis, were all died within 3 weeks.

The results of sole chemotherapy group were extremely discouraging but the combine treatment group showed some promise to the otherwise difficult situation of treatment of the metastatic brain tumor.

Indication of the operative treatments are
(1) Radical resection of the primary focus is possible.
(2) Brain is the only metastatic site or if distant metastasis exist, adequate treatment to those are possible.
(3) Single brain metastasis preferable.

10. A Few Problems Concerning the Ventriculo-atrial Shunt Operations

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Since 1961, ventriculo-atrial shunt operations have been used in our institutes for a series of 866 patients of various intracranial diseases as follows: infantile