

Review of: "Clinical features and prognostic factors in spinal meningioma surgery from a multicenter study"

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Potential competing interests: The author(s) declared that no potential competing interests exist.

In this paper, authors review 116 spinal meningiomas that were operated at several centers between 1998 and 2018. I consider that the number of cases is high, and the study is well executed, so it could be published.

However, from my point of view, some considerations should be reviewed:

#1 In surgical technique, authors do not describe if intraoperative neurophysiology is used. I consider that this feature should be mentioned and in what cases it was used.

#2 In the text, authors comment that complete resection only includes Simpson grades I and II. However, Simpson grade III resection is also a complete resection, without coagulating the involved dura.

#3 I consider that other limitation of this study is that only 69/116 (59%) meningiomas have a follow-up of more than five years. We do not know if a tumor with a shorter follow-up could recur. I advise describing this limitation.

#4 3/8 recurrences are dumbbell-shaped meningiomas. The only described surgical technique is the laminectomy. I consider that this technique is not the most suitable for these meningiomas, and this feature could be related with the high recurrence rate that authors describe. Have you used other technique for this type of meningiomas?

#5 Why was the recurrence rate higher in males than in women? Do you have some hypothesis?

#6 Have you detected some influence of the location of the tumor (cervical, thoracic, or lumbar) in the recurrence rate?

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