



# In Reply: Pharmacological Venous Thromboembolism Prophylaxis in Meningioma Patients: Should it be Earlier than in Clinical Practice?

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To the Editor;

**W**e thank Yildirim and Aykan (6) for their commentary about pharmacological venous thromboembolism prophylaxis in meningioma patients.

According to the Guidelines of the American College of Chest Physicians, any intracranial operation is considered a procedure with an increased bleeding risk (4). Also in the same guidelines, any history of intracranial surgery within 3 weeks is considered as a contraindication to therapeutic anticoagulation (3). Additionally, as we mentioned in the materials and methods section, compression stockings were routinely used instead of intermittent pneumatic compression (IPC) in the department this study was conducted in, Gazi University Faculty of Medicine's Department of Neurosurgery (2). In a recent manuscript of a randomized trial, the authors concluded that IPC does not lead to a significant gain in quality-adjusted survival (3).

Yildirim and Aykan (6) also asked the reason of waiting 48 hours for thromboembolism prophylaxis after surgery. Meningiomas mostly affect the brain cortex and white matter tracts with a mass effect, which means that an ischemia-reperfusion process will be present after decompression of tumor tissue. Additionally mechanical manipulation of the surgical site over the functional area can lead to a transient neurological deficit. The pathophysiology of this phenomenon is very similar in some intra-axial lesions that do not tend to invade white matter tracts such as pilocytic astrocytomas. There are reports of transient neurological deficits in the early postoperative period of non-invasive central nervous system tumors (1,5). This is why we tend to wait 48 hours after surgery to see if the patient will be able to mobilize or not.

Again we thank Yildirim and Aykan (6) for their contributions and comments on our study which makes our study more valuable.

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