



Editorial



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See the article “Glioma Immunotherapy: Advances and Challenges for Spinal Cord Gliomas” via <https://doi.org/10.14245/ns.2143210.605>.

Another Milestone for Spinal Intramedullary Tumor Treatment

I read the article “Glioma Immunotherapy: Advances and Challenges for Spinal Cord Gliomas” with great interest, and I hope that this concept will be another game changer.¹

A spinal intramedullary tumor is a challenging disease due to the difficulty of surgical removal without damaging a functional spinal cord. Even with an experienced hand, dysfunction of the dorsal spinal column could occur due to its location, adhesion, and invasion to the normal spinal cord. When removing an intramedullary spinal cord, we have to continuously trade off between oncological and functional outcomes. There have been several milestones to improve those outcomes.²⁻⁵ I think the first milestone would be an introduction to microsurgery. With the help of better visualization, the tumor could be removed with minimal damage to the spinal cord. However, there was a discrepancy between anatomical and functional outcomes. In this regard, the demand to improve functional outcomes led to the introduction of electrophysiological monitoring during surgery. It is a second milestone. However, in many patients, residual or recurrent tumors are inevitable for functional outcomes. We made efforts to improve oncological outcomes using a lesson from brain tumors. However, chemotherapy or radiotherapy was not as dramatic in controlling the problematic tumor as a brain tumor. It is a time to turn our eyes to a different perspective, and immunotherapy may play there. This paper extensively reviewed the concept, possible candidates, and huddles to overcome them. I hope this paper will intrigue scientists and doctors for this perspective.

Conflict of Interest: The author declare no conflict of interest regarding this manuscript.

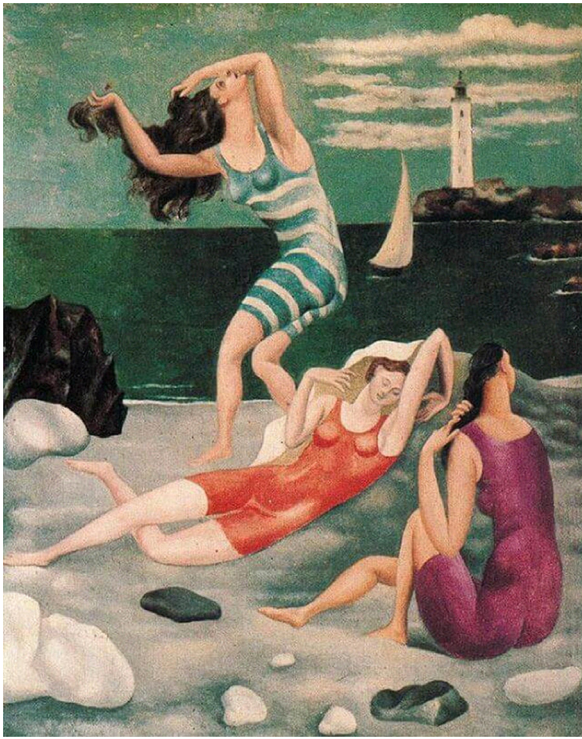
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