**Neurosurgical forum**

**Letters to the editor**

**Progesterone and meningiomas**

To the Editor: Dr. Vadivelu and colleagues have elegantly demonstrated the risks of meningiomas with progesterone agonist therapy (Vadivelu S, Sharer L, Schulder M: Regression of multiple intracranial meningiomas after cessation of long-term progesterone agonist therapy. Case report. *J Neurosurg* 112:920–924, May, 2010).

The Medicines and Healthcare products Regulatory Agency (MHRA), which is the United Kingdom’s equivalent of the FDA, a year ago issued a pharmacovigilance warning regarding the use of cyproterone acetate in high doses in formation of meningiomas and multiple meningiomas. The evidence is worth reading.

However, the big debate that we urgently need in the neurosurgical community regards endogenous progesterone (for example, pregnancy and the risk of meningioma), particularly in patients with incompletely resected tumors, those with neurofibromatosis Type 2, those undergoing in vitro fertility treatment, and so on. We need to be in a position to advise patients on the risks of progesterone agonists, both endogenous and exogenous, particularly in premenopausal patients.

Charles Davis, F.R.C.S.
President, British Neuro-Oncology Society
Royal Preston Hospital
Preston, United Kingdom

**Response:** We appreciate the comments by Mr. Davis and for his interest in our recent case report regarding the long-term use of exogenous progesterone agonist therapy and its demonstrated causality with intracranial meningioma. Greater awareness of this connection is warranted given the growing use of exogenous hormone therapy for a variety of medical conditions, including treatments for breast cancer, in vitro fertilization, and birth control.

Reiterating the warning set in place by the MHRA regarding meningioma growth, the neurosurgical community should formulate an opinion regarding the use of long-term exogenous hormone therapy especially given the increasing use of exogenous progesterone in younger patients. We agree with Mr. Davis regarding the need for greater discussion of this topic. It may be time to send a warning to the nonneurosurgical community explaining the risks of meningioma growth resulting from exogenous progesterone administration.

Sudhakar Vadivelu, D.O.
Michael Schulder, M.D.
Hofstra North Shore–LIJ School of Medicine
Manhasset, New York

Please include this information when citing this paper: published online December 3, 2010; DOI: 10.3171/2010.7.JNS101164.