

sidered to be the gold standard means of diagnosis for these masses, their use in LMICs is less reported. Despite new minimally invasive treatment options, endoscopic surgery is commonly used in LMICs. These translates to the fact that more effort is required in the effective care of patients with these masses in LMICs.

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MANAGEMENT AND OUTCOMES OF SELLAR, SUPRASELLAR, AND PARASELLAR MASSES IN LOW- AND MIDDLE-INCOME COUNTRIES: A SCOPING REVIEW AND PROPORTIONAL META-ANALYSIS OF 6584 MASSES

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OBJECTIVE: To aggregate data on treatment modalities, management approaches, and clinical outcomes of sellar, suprasellar, and parasellar masses in LMICs. **METHODS:** We conducted a scoping review as per the Arksey and O'Malley framework. MEDLINE, Embase, Global Index Medicus, and African Journals Online were searched and included articles between 2000 and 2021 screened against predefined eligibility criteria. Pooled statistics were calculated using measures of central tendency and spread. A proportional meta-analysis was conducted to pool the mortality rates. **RESULTS:** Of the 3526 articles generated by the search strategy, 173 articles were included. The mean age was 35.5 ± 15 years, and most were females (56.47%). Sellar masses predominated (85%; 95% CI = 93.16–118.58), and the most commonly used neuroimaging modality to diagnose these masses was an MRI (65.31%). Surgical resection was mostly utilised with endoscopic surgery (78%; 95% CI = 17.29–154.96) predominating over microsurgery (22%; 95% CI = 11.51–47.73). The transsphenoidal approach was mostly used for both endoscopic surgery and microsurgery (92.13% vs 93.21%), and the extent of resection was gross total resection in most cases ($n = 3611$). Non-surgical management included hormonal therapies ($n = 2080$), chemotherapy ($n = 96$ patients), and radiosurgery ($n = 357$). New onset diabetes insipidus (34.27%), followed by postoperative infection (27.95%), were the most commonly reported postoperative complications. The pooled overall mortality rate was 8.1% (95% CI: 0.031–0.146). **CONCLUSION:** Although MRIs are con-