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Brain Tumor and Their Biological Behaviors

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Introduction

Intracranial tumors are the second most common group of neoplasms in children, exceeded only by the leukemia's. The estimated incidence of brain tumors in patients under 15 years aged ranges from 2.5 to 3.5 per 100,000.29,50 there's distinct familial trend in pediatric brain tumors. The inherited neurocutaneous disorders are regularly related to intracranial neoplasms. These are frequently seen with neurofibromatosis; sub ependymal giant cell astrocytoma's with tuberous sclerosis; capillary hemangioblastom like von Hippel-Lindau disease; and basal-cell nevus syndrome with medulla blastulae. A better incidence of brain tumors has been observed in patients with a robust case history of seizures and stroke. The posterior fossa is that the most frequent location of brain tumors in children in contrast to adults who typically have supertentorial lesions. The median interval between symptom onset and tum or diagnosis is 2 months. Astro cytomas account for about 60 percent of pediatric brain tumors, and their biologic behavior differs from adult tumors. In children, five year survival rates may vary from 90 percent in cerebellam astro cytomas 22 to but 20% in brainstem. Intracranial tumors are a various group of malignancies which will generally be classified as primary (originating from the brain) or secondary (metastases from other organs). The general incidence of all primary intracranial malignancies was 21.03 cases per 100,000 individuals within the US from 2006 to 2010, which reflects international trends. The most important histological category of primary brain tumors is the gliomas, which have an incidence of 6.02 cases per 100,000 individuals within the US. The well-liked treatment modality for benign tumors generally is surgical resection, with less frequent use of radiotherapy or chemotherapy. For malignant intracranial tumors, multimodality treatment is usually used, which incorporates systemic therapy and radiotherapy the goal of radiotherapy for intracranial tumors is to eradicate gross and microscopic disease while limiting normal tissue toxicities. Various radiation modalities are used, including fractionated external beam radiotherapy, Stereotactic Radio Surgery (SRS), and proton beam irradiation. We'll review the imaging modalities used for intracranial tumor delineation and their role in radiation planning.

This retrospective chart review was conducted to work out the presenting signs and symptoms of patients with primary brain tumors diagnosed within the emergency department. There have been 101 patients (65 males and 36 females) identified with a hospital discharge diagnosis of primary brain tumor who were admitted through the emergency department. The presenting symptoms included headache (56 patients), altered mental status (51 patients), ataxia (41 patients), nausea or vomiting (37 patients), weakness (27 patients), seizures (24 patients), visual changes (23 patients), speech deficits (21 patients), and sensory abnormalities (18 patients). The presenting signs included motor weakness (37 patients), ataxia (37 patients), papilledema (28 patients), nerve palsies (26 patients), visual deficits (20 patients), and speech deficits (12 patients). The typical age was 42.8 years, with a variety of three days to 88 years. Brain tumors rarely spread to other parts of the body, but most of them can spread through the brain tissue. Even so-called benign brain tumors can, as they grow, continue and destroy normal brain tissue, which may cause serious or sometimes even life threatening damage.

For this reason, doctors usually speak of brain tumors instead of brain cancers. The first uptake ratio might be modified by the varied factors not specific to the tumor histology or histologic grade. The delayed uptake ratio had a selected tendency consistent with the tumor histology but less specific than the retention ratio and index due to some modification by the varied factors composing the first uptake ratio. Both retention ratio and retention index was very specific to and will clearly differentiate between the tumor histology and histology grade of the first brain tumors. These differentiations would solely depend on the prolonged washout phase, which was very specific to the tumor malignancy and histologic grade. Different imaging techniques are wont to get the pictures of brain in order that tumor is often diagnosed with its location and size of tumor like x-rays, CT scan and MRI. CT scan is a crucial imaging technique within the field of medical and provides information in seconds and typically the duration minimizes to the fraction of it. It helps in providing more clear information than X-rays but the danger of radiation exposure is extremely low. Thanks to MRI Images we will detect the brain tumor. For detection of bizarre growth of tissues and blocks of blood in system nervous are often seen in an MRI Images. The primary step of detection of brain tumor is to see the symmetric and asymmetric Shape of brain which can define the abnormality.

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