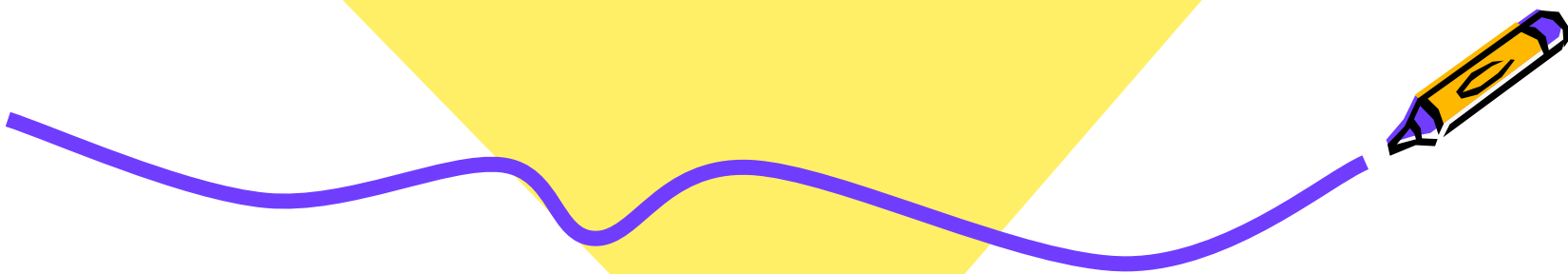
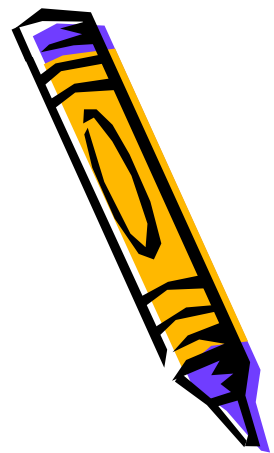




# Brain Tumors

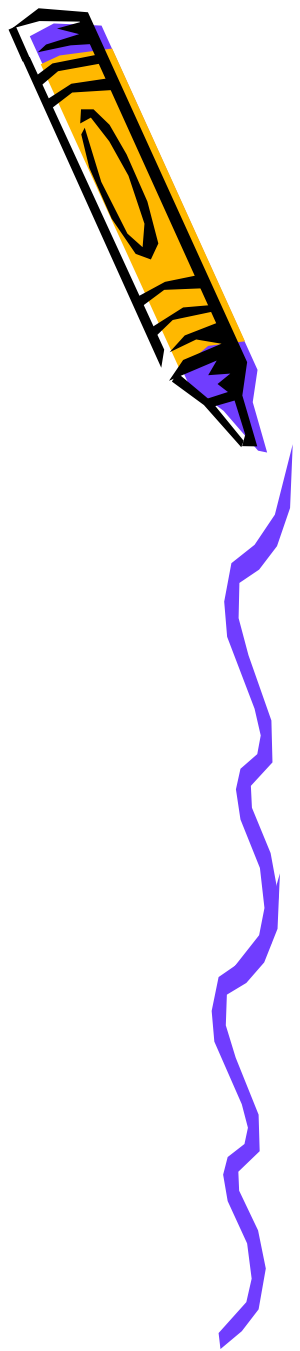


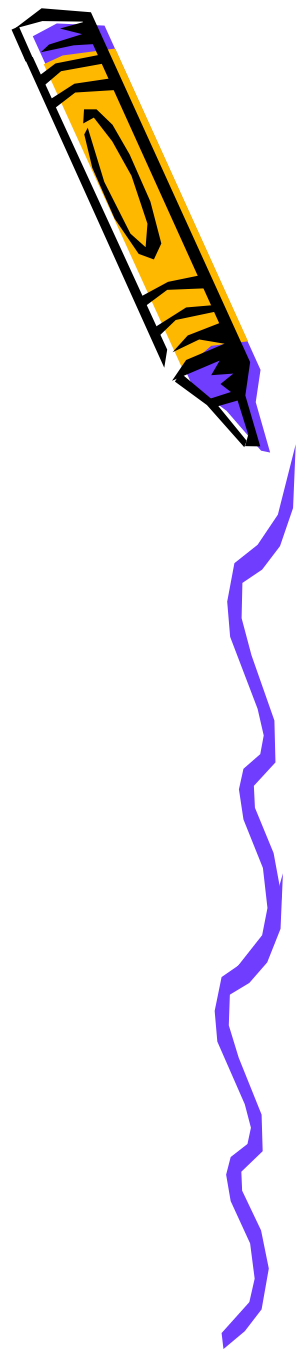


- A 40 year man presented with a headache following minor head injury. He had missed his garage door while reversing his car



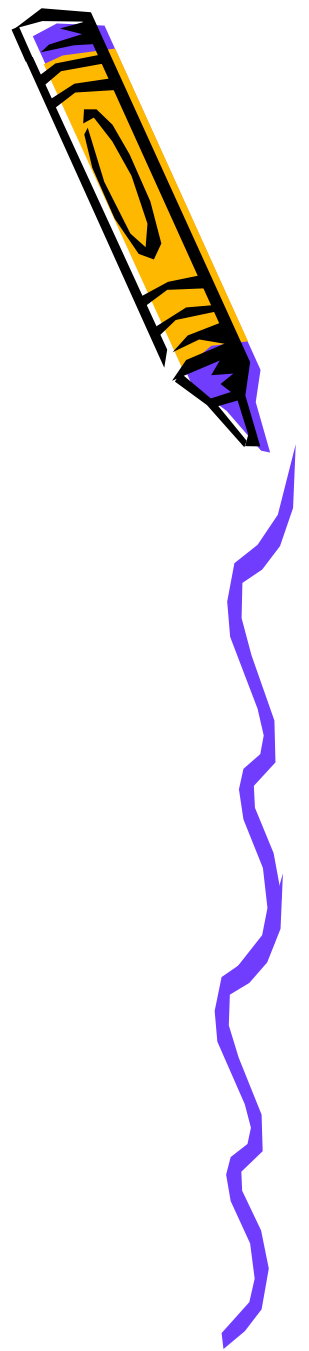
- History





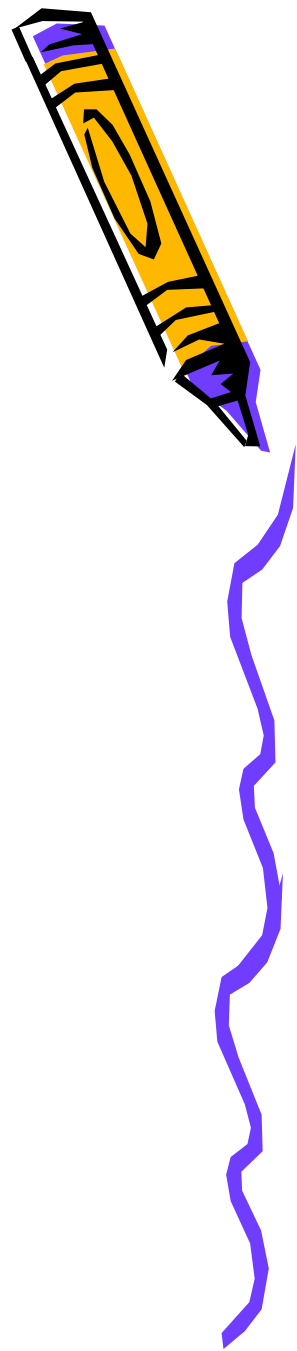
- Examination
- Cranial nerves
- Motor system
- Sensory system
- Cerebellar dysfunction





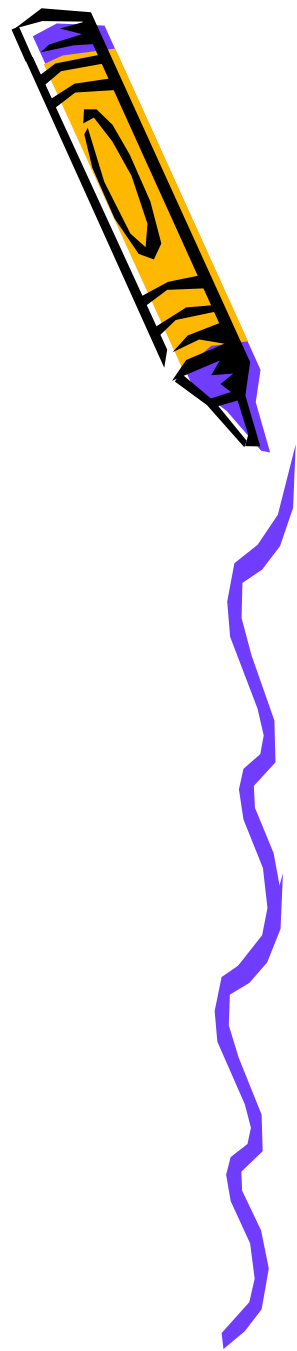
- Patient had bitemporal hemianopia
- Early optic atrophy
- No evidence of increased intra cranial pressure
- No focal signs





- How would you investigate



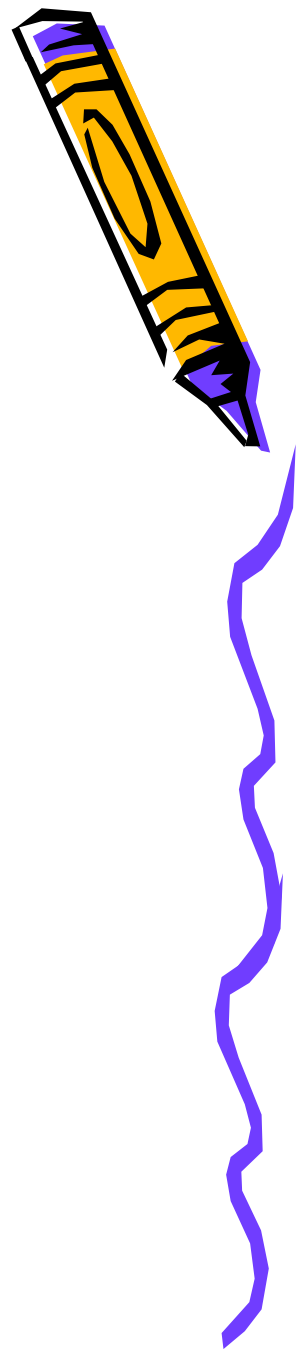


- X-ray's
- CT - Brain
- MRI - Brain
  
- Serological testing
- Specific T-3, T-4, TSH. Prolactin, Cortisol



# Brain tumours

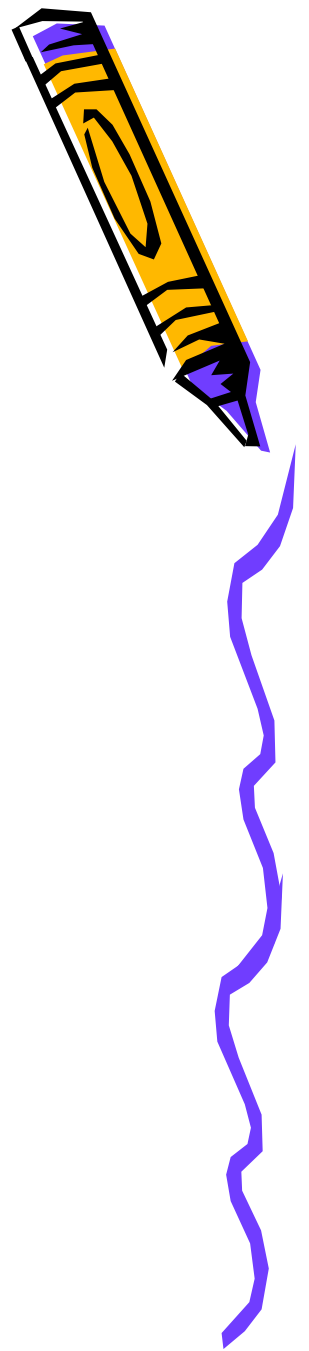
- Primary
- Secondary





- Ependymal
- Glial tumours Gliomas  
(astrocytomas, oligodendrogliomas, glioblastomas)
- Haemangiomas ,Haemangioblastomas
- Schwannomas
- Meningeal tumours
- Pituitary tumours, Craniopharyngeomas
- Chordomas





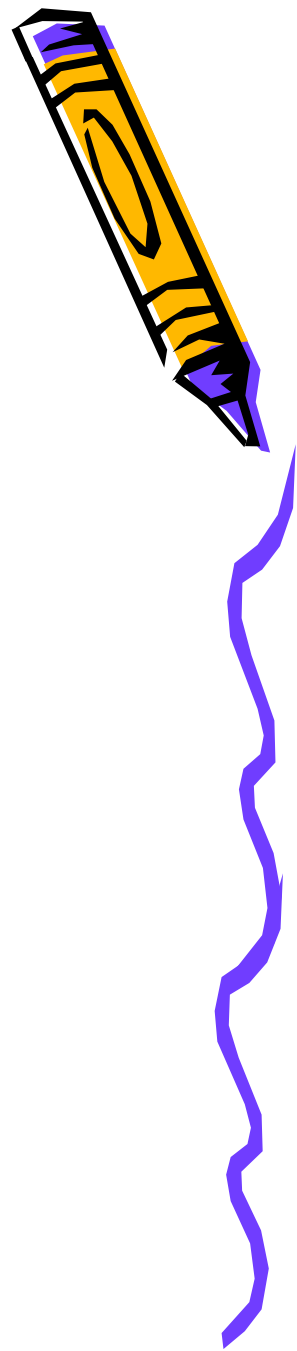
- Secondary tumours
- Thyroid, Breast, Kidney, Prostate, Bronchial
- Lymphomas





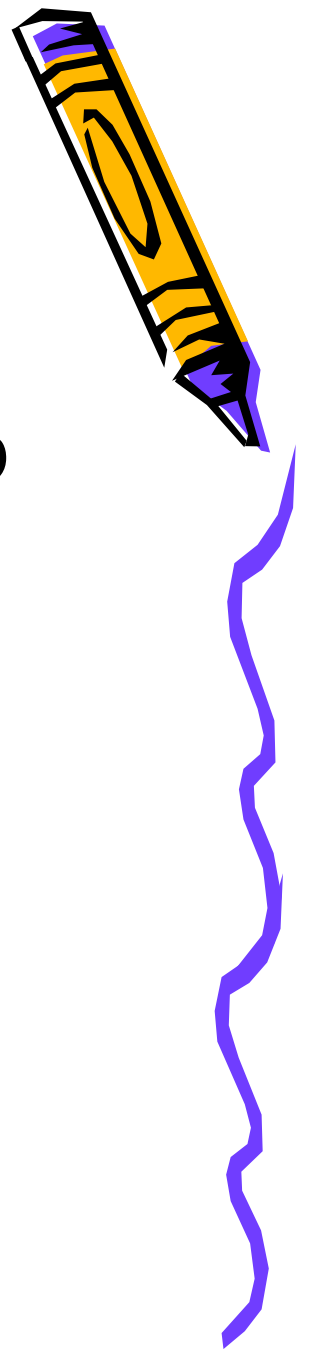
- Headache
- Onset, site, duration, nature of pain, precipitating & aggravating factors, relieving factors , focal signs





- Cranial nerves examination
- Localizing or non localizing
- Examination of the fundus
  
- Clinical examination can usually localize a lesion to a particular region of brain





- Investigations are only required to confirm a suspected diagnosis



- THANK YOU

