#15#

Revisiones (todas) * Reviews (all)**

GLIOMAS AND RELATED TUMORS

(Conceptos / Keywords: Gliomas; Glioblastoma multiforme; Oligodendroglioma; Astrocytoma, Ependymoma; Medulloblastoma; etc).

Abril - Mayo 2013 / April - May 2013

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[1]

TÍTULO / TITLE: - Parental occupational exposure to pesticides as risk factor for brain tumors in children and young adults: A systematic review and meta-analysis.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - Environ Int. 2013 Jun;56:19-31. doi: 10.1016/j.envint.2013.02.011. Epub 2013 Apr 9.

●●Enlace al texto completo (gratuito o de pago)

1016/j.envint.2013.02.011

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RESUMEN / SUMMARY: - OBJECTIVE: To examine the potential association between parental occupational exposure to pesticides and the occurrence of brain tumors in children and young adults. METHODS: Studies identified from a MEDLINE search through 15 January 2013 and from the reference lists of identified publications were submitted to a systematic review and meta-analysis. Relative risk estimates were extracted from 20 studies published between 1974

and 2010. Most of the retrieved studies involved farm/agricultural jobs. Summary ratio estimates (SR) were calculated according to fixed and random-effect meta-analysis models. Separate analyses were conducted after stratification for study design, exposure parameters, disease definition, geographic location and age at diagnosis. RESULTS: Statistically significant associations were observed for parents potentially exposed to pesticides in occupational settings and the occurrence of brain tumor in their offspring after combining all case-control studies (summary odds ratio [SOR]: 1.30; 95%: 1.11, 1.53) or all cohort studies (summary rate ratio [SRR]: 1.53; 95% CI: 1.20, 1.95). Significantly increased risks were seen for prenatal exposure windows, for either exposed parent, for exposure defined as to pesticides as well as by occupational/industry title, for astroglial brain tumors and after combining case-control studies from North America or cohort studies from Europe. CONCLUSIONS: This meta-analysis supports an association between parental occupational exposure to pesticides and brain tumors in children and young adults, and adds to the evidence leading to the recommendation of minimizing (parental) occupational exposure to pesticides. These results must, however, be interpreted with caution because the impact of work-related factors others than pesticide exposure is not known.

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[2]

TÍTULO / TITLE: - Adamantinoma-like Ewing family tumor of soft tissue associated with the vagus nerve: a case report and review of the literature.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - Am J Surg Pathol. 2013 May;37(5):772-9. doi: 10.1097/PAS.0b013e31828e5168.

●●Enlace al texto completo (gratuito o de pago)

1097/PAS.0b013e31828e5168

AUTORES / AUTHORS: - Kikuchi Y; Kishimoto T; Ota S; Kambe M; Yonemori Y; Chazono H; Yamasaki K; Ochiai H; Hiroshima K; Tanaka M; Tanaka Y; Horie H; Nakatani Y

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RESUMEN / SUMMARY: - Adamantinoma-like Ewing family tumor (EFT) is a rare subset of EFTs showing mixed features of Ewing sarcoma and adamantinoma of the long bones. All currently reported cases of the adamantinoma-like type have been associated with bone. Recently, a unique type of EFT was reported showing complex epithelial differentiation associated with the vagus nerve. Here we describe another unique type of EFT arising in the soft tissue of the neck associated with the vagus nerve. An 11-year-old girl presented to our hospital with a neck tumor on her right side. Surgical resection was performed, and histopathologic examination demonstrated a high-grade malignant neoplasm. The tumor was composed of sheets of small round proliferating cells, basaloid

tumor nests with marked squamous differentiation, biphasic growth pattern with epithelioid tumor nests, and spindle cell proliferation. Immunohistochemically, the tumor cells showed diffuse expression of CD99 and FLI-1. In addition, small round cells and basaloid/squamoid components were immunoreactive for AE1/AE3, CAM5.2, cytokeratin 5/6, high-molecular weight keratin, p63, and p40 (DeltaNp63). Reverse transcription polymerase chain reaction and direct sequencing analysis revealed that the tumor harbored a t(11;22) translocation, involving EWSR1 and FLI-1, which are characteristic of EFTs. According to these findings, our case has characteristics of both a subset of adamantinoma-like EFT and EFT with complex epithelial differentiation. We suggest that EFT with complex epithelial differentiation is in a common spectrum with the adamantinoma-like type and that adamantinoma-like EFTs can arise in soft tissue, leading to difficulty in differential diagnosis with malignant epithelial tumors.

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[3]

TÍTULO / TITLE: - Hormone replacement therapy and risk of meningioma in women: a meta-analysis.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - Cancer Causes Control. 2013 May 24.

●●Enlace al texto completo (gratuito o de pago) 1007/s10552-013-0228-7

AUTORES / AUTHORS: - Fan ZX; Shen J; Wu YY; Yu H; Zhu Y; Zhan RY

INSTITUCIÓN / INSTITUTION: - Department of Neurosurgery, First Affiliated Hospital, College of Medicine, Zhejiang University, NO.79, Qingchun Road, Hangzhou, 310000, People's Republic of China, fanzx263@sina.com.

RESUMEN / SUMMARY: - PURPOSE: The relationship between hormone replacement therapy (HRT) and the incidence of meningioma in women has been investigated in several epidemiologic studies, but their results were not entirely consistent. Here, we performed a meta-analysis of case-control and cohort studies to analyze this association. METHODS: The PubMed database was searched from inception to 30 September 2012 to identify relevant studies that met pre-stated inclusion criteria. We also reviewed reference lists from the retrieved articles. Two researchers evaluated study eligibility and extracted the data independently. Odds ratios (ORs) or relative risks and 95 % confidence intervals (CIs) were extracted and pooled using the fixed-effect or random-effects models. RESULTS: A total of 11 studies (six case-control and five cohort studies) were included in this meta-analysis, involving 1,820,954 participants, of whom 3,249 had meningioma. When compared to never users of HRT, the pooled OR with ever users for meningioma was 1.29 (95 % CI 1.03-1.60). Sensitivity analyses restricted to postmenopausal women yielded similar results (OR: 1.22; 95 % CI 1.02-1.46). Subgroup analyses showed that the pooled ORs were 1.27 (95 % CI 1.08-1.49, $p < 0.05$) and 1.12 (95 % CI 0.95-1.32) for

current and past users of HRT, respectively. CONCLUSION: Hormone replacement therapy use is associated with an increased risk of meningioma in women, as well as in postmenopausal women. Besides, the significant risk elevation is present in current users but not in past users. Future research should attempt to establish whether this association is causal and to clarify its mechanisms.

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[4]

TÍTULO / TITLE: - Perioperative thromboprophylaxis in patients with craniotomy for brain tumours: a systematic review.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - J Neurooncol. 2013 Mar 30.

●●Enlace al texto completo (gratuito o de pago) 1007/s11060-013-1115-5

AUTORES / AUTHORS: - Salmaggi A; Simonetti G; Trevisan E; Beecher D; Carapella CM; Dimeco F; Conti L; Pace A; Filippini G

INSTITUCIÓN / INSTITUTION: - Unit of Clinical Neuro Oncology, Neuro Oncology Department, Fondazione IRCCS Istituto Neurologico Carlo Besta, Milan, Italy, a.salmaggi@ospedale.lecco.it.

RESUMEN / SUMMARY: - Venous thromboembolism (VTE) events are frequent in neurooncological patients in perioperative period thus increasing mortality and morbidity. The role of prophylaxis has not yet been established with certainty, and in various neurosurgery and intensive care units the practice is inconsistent. A better definition of the risk/cost/benefit ratio of the various methods, both mechanical (intermittent pneumatic compression-IPC, graduated compression stockings-GCS) and pharmacological (unfractionated heparin-UFH or low molecular weight heparin-LMWH), is warranted. We aim to define the optimal prophylactic treatment in the perioperative period in neurooncological patients. A systematic review of the literature was performed in Medline, Embase and Cochrane Library. Thirteen randomized controlled trials (RCTs) were identified, in which physical methods (IPC or GCS) and/or drugs (UFH or LMWHs) were evaluated in perioperative prophylaxis of neurological patients, mostly with brain cancer not treated with anticoagulants for other diseases. The analysis was conducted on a total of 1,932 randomized patients of whom 1,558 had brain tumours. Overall data show a trend of reduction of VTE in patients treated with mechanical methods (IPC or GCS) that should be initiated preoperatively and continued until discharge or longer in case of persistence of risk factors. The addition of enoxaparin starting the day after surgery, significantly reduces clinically manifest VTE, despite an increase in major bleeding events. Further studies are needed to delineate the types of patients with an increase of VTE risk and risk/benefits ratio of physical and pharmacological treatments in the perioperative period.

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[5]

TÍTULO / TITLE: - Biopsy versus resection for the management of low-grade gliomas.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - Cochrane Database Syst Rev. 2013 Apr 30;4:CD009319. doi: 10.1002/14651858.CD009319.pub2.

●●Enlace al texto completo (gratuito o de pago)
1002/14651858.CD009319.pub2

AUTORES / AUTHORS: - Veeravagu A; Jiang B; Ludwig C; Chang SD; Black KL; Patil CG

INSTITUCIÓN / INSTITUTION: - Department of Neurosurgery, Stanford School of Medicine, 679 Oxford Ave, Palo Alto, CA, USA, 94306.

RESUMEN / SUMMARY: - BACKGROUND: Low-grade gliomas (LGG) constitute a class of slow-growing primary brain neoplasms. Patients with clinically and radiographically suspected LGG have two initial surgical options, biopsy or resection. Biopsy can provide a histological diagnosis with minimal risk but does not offer a direct treatment. Resection may have additional benefits such as increasing survival and delaying recurrence, but is associated with a higher risk for surgical morbidity. There remains controversy about the role of biopsy versus resection and the relative clinical outcomes for the management of LGG. OBJECTIVES: To assess the clinical effectiveness of biopsy compared to surgical resection in patients with a new lesion suspected to be a LGG. SEARCH METHODS: The following electronic databases were searched: Cochrane Central Register of Controlled Trials (CENTRAL) (2012, Issue 11), MEDLINE (1950 to week 3 November 2012), EMBASE (1980 to Week 46 2012). Unpublished and grey literature including Metaregister, Physicians Data Query, www.controlled-trials.com/rct, www.clinicaltrials.gov, and www.cancer.gov/clinicaltrials were also queried for ongoing trials. SELECTION CRITERIA: Patients of any age with a suspected intracranial LGG receiving biopsy or resection within a randomized clinical trial (RCT) or controlled clinical trial (CCT) were included. Patients with prior resections, radiation therapy, or chemotherapy for LGG were excluded. Outcome measures included overall survival (OS), progression free survival (PFS), functionally independent survival (FIS), adverse events, symptom control, and quality of life (QoL). DATA COLLECTION AND ANALYSIS: A total of 2764 citations were searched and critically analyzed for relevance. This effort was undertaken by three independent review authors. MAIN RESULTS: No RCTs of biopsy or resection for LGG were identified. Twenty other studies were retrieved for analysis based on pre-specified selection criteria. Ten studies were retrospective or literature reviews. Three studies were prospective but were limited to tumor recurrence or the extent of resection. One study was a population-based parallel cohort and not an RCT. Four studies were RCTs, however patients were randomized with respect to varying radiotherapy regimens to assess timing and dose of

radiation. One RCT was focused on high-grade gliomas and not LGG. One last RCT evaluated diffusion tensor imaging (DTI)-based neuro-navigation for surgical resection. AUTHORS' CONCLUSIONS: Currently there are no randomized clinical trials or controlled clinical trials available on which to base clinical decisions. Therefore, physicians must approach each case individually and weigh the risks and benefits of each intervention until further evidence is available. Future research could focus on randomized clinical trials to determine outcomes benefits for biopsy versus resection.

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[6]

TÍTULO / TITLE: - Current status of local therapy in malignant gliomas - A clinical review of three selected approaches.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - Pharmacol Ther. 2013 May 18. pii: S0163-7258(13)00118-6. doi: 10.1016/j.pharmthera.2013.05.003.

●●Enlace al texto completo (gratuito o de pago)

1016/j.pharmthera.2013.05.003

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RESUMEN / SUMMARY: - Malignant gliomas are the most frequently occurring, devastating primary brain tumors, and are coupled with a poor survival rate. Despite the fact that complete neurosurgical resection of these tumors is impossible in consideration of their infiltrating nature, surgical resection followed by adjuvant therapeutics, including radiation therapy and chemotherapy, is still the current standard therapy. Systemic chemotherapy is restricted by the blood-brain barrier, while methods of local delivery, such as with drug-impregnated wafers, convection-enhanced drug delivery, or direct perilesional injections, present attractive ways to circumvent these barriers. These methods are promising ways for direct delivery of either standard chemotherapeutic or new anti-cancer agents. Several clinical trials showed controversial results relating to the influence of a local delivery of chemotherapy on the survival of patients with both recurrent and newly diagnosed malignant gliomas. Our article will review the development of the drug-impregnated release, as well as convection-enhanced delivery and the direct injection into brain tissue, which has been used predominantly in gene-therapy trials. Further, it will focus on the use of convection-enhanced delivery in the treatment of patients with malignant gliomas, placing special emphasis on potential shortcomings in past clinical trials. Although there is a strong need for new or additional therapeutic strategies in the treatment of malignant gliomas, and although local delivery of chemotherapy in those tumors might be a powerful tool, local therapy is used

only sporadically nowadays. Thus, we have to learn from our mistakes in the past and we strongly encourage future developments in this field.

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[7]

TÍTULO / TITLE: - Associations between three XRCC1 polymorphisms and glioma risk: a meta-analysis.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - Tumour Biol. 2013 May 29.

●●Enlace al texto completo (gratuito o de pago) 1007/s13277-013-0865-1

AUTORES / AUTHORS: - Zhang H; Liu H; Knauss JL

INSTITUCIÓN / INSTITUTION: - Department of Cell and Developmental Biology, Weill Medical College of Cornell University, 1300 York Avenue, Box 60, New York, NY, 10065, USA, haz2004@med.cornell.edu.

RESUMEN / SUMMARY: - Glioma, especially its most aggressive histological type glioblastoma, is a challenge to human health due to its poor prognosis. Identifying glioma risk factors will improve early diagnosis to prevent tumor progression. Three polymorphisms of X-ray repair cross-complementing groups 1 (XRCC1) Arg399Gln, Arg194Trp, and Arg280His have drawn attention because of their potential associations with the development of glioma. However, the conclusions from different studies are inconsistent. Here, we performed XRCC1 polymorphism-glioma association analyses on data gathered through searching PubMed, ISI Web of Knowledge, Cochrane, and EBSCO databases and meta-analyzing extracted eligible studies. For XRCC1 Arg399Gln (G>A) polymorphism, there were 12 studies with 4,356 cases and 6,616 controls; for Arg194Trp (C>T) polymorphism, there were nine studies with 3,760 cases and 5,971 controls; and for Arg280His (G > A) polymorphism, there were five studies with 1,883 cases and 3,144 controls. Odds ratios as well as their 95 % confidence intervals in three genetic models were used to estimate the strength of the association between XRCC1 genotypes and glioma risk. Based on our main analyses, increased risk was observed in Arg399Gln codominant and dominant models and Arg194Trp homozygous codominant and recessive models. In the stratified analyses for some genetic models, Arg399Gln and Arg194Trp were recognized as risk factors in the Asian but not in the Caucasian population. No associations were detected for Arg280His in any genetic model. This meta-analysis indicates that XRCC1 399Gln and 194Trp variants increase glioma risk. Both of these polymorphisms might raise the susceptibility of glioma in Asian populations.

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[8]

TÍTULO / TITLE: - Temozolomide for high grade glioma.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - Cochrane Database Syst Rev. 2013 Apr 30;4:CD007415. doi: 10.1002/14651858.CD007415.pub2.

●●Enlace al texto completo (gratuito o de pago)
1002/14651858.CD007415.pub2

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INSTITUCIÓN / INSTITUTION: - Academic Division of Neurosurgery, Department of Clinical Neurosciences, Department of Neurosurgery, Cambridge, UK. mikehart82@me.com.

RESUMEN / SUMMARY: - BACKGROUND: High grade glioma (HGG) is an aggressive form of brain cancer. Treatment of HGG usually entails biopsy, or resection if safe, followed by radiotherapy. Temozolomide is a novel oral chemotherapy drug that penetrates into the brain and purportedly has a low incidence of adverse events. OBJECTIVES: To assess whether temozolomide has any advantage for treating HGG in either primary or recurrent disease settings. SEARCH METHODS: The following databases were searched: CENTRAL (Issue 10, 2012), MEDLINE, EMBASE, Science Citation Index, Physician Data Query and the Meta-Register of Controlled Trials in October, 2012. Reference lists of identified studies were searched. The Journal of Neuro-Oncology and Neuro-oncology were handsearched from 1999 to 2012 including conference abstracts. We contacted neuro-oncologists regarding ongoing and unpublished trials. SELECTION CRITERIA: Randomised controlled trials (RCTs) where the interventions were the use of temozolomide during primary therapy or for recurrent disease. Comparisons included no chemotherapy, non-temozolomide chemotherapy or different dosing schedules of temozolomide. Patients included those of all ages with histologically proven HGG. DATA COLLECTION AND ANALYSIS: Two review authors undertook the quality assessment and data extraction. Outcome measures included: overall survival (OS); progression-free survival (PFS); quality of life (QoL); and adverse events. MAIN RESULTS: For primary therapy three RCTs were identified, enrolling a total of 745 patients, that investigated temozolomide in combination with radiotherapy versus radiotherapy alone for glioblastoma multiforme (GBM). Temozolomide increased OS (hazard ratio (HR) 0.60, 95% confidence interval (CI) 0.46 to 0.79, P value 0.0003) and increased PFS (HR 0.63, 95% CI 0.43 to 0.92, P value 0.02), when compared with radiotherapy alone, although these benefits only appear to emerge when therapy is given in both concomitant and adjuvant phases of treatment. A single RCT found that temozolomide did not have a statistically significant effect on QoL. Risk of haematological complications, fatigue and infections were increased with temozolomide.In recurrent HGG, two RCTs enrolling 672 patients in total found that temozolomide did not increase OS compared to standard chemotherapy (HR 0.9, 95% CI 0.76 to 1.06, P value 0.2) but it did increase PFS in a subgroup analysis of grade IV GBM tumours (HR 0.68, 95% CI 0.51 to 0.90, P value 0.008). Adverse events were similar between arms.In the elderly, 2 RCTs of 664 patients found OS and PFS was similar with temozolomide alone versus

radiotherapy alone. QoL did not appear to differ between arms in a single trial but certain adverse events were significantly more common with temozolomide. AUTHORS' CONCLUSIONS: Temozolomide when given in both concomitant and adjuvant phases is an effective primary therapy in GBM compared to radiotherapy alone. It prolongs survival and delays progression without impacting on QoL but it does increase early adverse events. In recurrent GBM, temozolomide compared with standard chemotherapy improves time-to-progression (TTP) and may have benefits on QoL without increasing adverse events but it does not improve overall. In the elderly, temozolomide alone appears comparable to radiotherapy in terms of OS and PFS but with a higher instance of adverse events.

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[9]

TÍTULO / TITLE: - Molecular oncogenesis of craniopharyngioma: current and future strategies for the development of targeted therapies.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - J Neurosurg. 2013 Apr 5.

●●Enlace al texto completo (gratuito o de pago) 3171/2013.3.JNS122214

AUTORES / AUTHORS: - Hussain I; Eloy JA; Carmel PW; Liu JK

INSTITUCIÓN / INSTITUTION: - Departments of Neurological Surgery and.

RESUMEN / SUMMARY: - Craniopharyngiomas are benign intracranial tumors that arise in the suprasellar and intrasellar region in children and adults. They are associated with calcification on neuroimaging, endocrinopathies, vision problems, and recurrence following subtotal resection. Molecular studies into their genetic basis have been limited, and therefore targeted medical therapies for this tumor have eluded physicians. With the discovery of aberrant Wnt/beta-catenin pathway signaling in the pathogenesis of the most common subtype of craniopharyngioma (adamantinomatous), the identification of candidate genes and proteins implicated in this cascade provide attractive targets for future therapies. The recent development of a genetically engineered animal model of this tumor may also serve as a platform for evaluating potential therapies prior to clinical trials in humans. Advances in understanding the molecular pathogenesis of tumor recurrence have also been made, providing clues to develop adjuvant and neoadjuvant therapies to couple with tumor resection for optimal response rates. Finally, advances in genomic technologies and next-generation sequencing will underlie the translation of these genetic and molecular studies from the bench to clinical practice. In this review, the authors present an analysis of the molecular oncogenesis of craniopharyngioma and current directions in the development of novel therapies for these morbid, yet poorly understood brain tumors.

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[10]

TÍTULO / TITLE: - Detection of glioma recurrence by 11C-methionine positron emission tomography and dynamic susceptibility contrast-enhanced magnetic resonance imaging: a meta-analysis.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - Nucl Med Commun. 2013 May 10.

●●Enlace al texto completo (gratuito o de pago)

1097/MNM.0b013e328361f598

AUTORES / AUTHORS: - Deng SM; Zhang B; Wu YW; Zhang W; Chen YY

INSTITUCIÓN / INSTITUTION: - Departments of aNuclear Medicine bRadiology, The First Affiliated Hospital of Soochow University cDepartments of Nuclear Medicine, School of Radiation Medicine and Protection, Medical College of Soochow University, Suzhou, China.

RESUMEN / SUMMARY: - PURPOSE: This study aimed to compare the diagnostic value of C-methionine (C-MET) PET and dynamic susceptibility contrast-enhanced (DSCE) MRI in detecting glioma recurrence by meta-analysis. MATERIALS AND METHODS: Databases such as PubMed (MEDLINE included), EMBASE, ScienceDirect, Springerlink, EBSCO, and Cochrane Database of Systematic Review were searched for relevant original articles on the detection of recurrent glioma using DSCE MRI or C-MET PET with or without computed tomography. No restriction was imposed over the types and grades of glioma. The included studies were assessed for methodological quality. Results from histopathological analysis and/or close clinical and/or radiological follow-up for at least 3 months were used as the reference standard. The data were extracted by two reviewers independently to analyze the sensitivity, specificity, summary receiver-operating characteristic curve, area under the curve, and heterogeneity. RESULTS: The present study analyzed a total of 17 selected articles including different types and grades of glioma and showed that C-MET PET and DSCE MRI had comparable sensitivity (0.870 and 0.884, respectively), specificity (0.813 and 0.853, respectively), positive likelihood ratio (4.355 and 5.806, respectively), negative likelihood ratio (0.192 and 0.134, respectively), and diagnostic odds ratio (21.857 and 41.918, respectively) without statistically significant differences, except for the fact that DSCE MRI displayed higher area under the curve and Q* index compared with C-MET PET ($P<0.05$). CONCLUSION: Both C-MET PET and DSCE MRI are accurate tools for detecting glioma recurrence. Although DSCE MRI seems to be superior to C-MET PET, the latter can also be used to assess glioma recurrence when the former is not available.

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[11]

TÍTULO / TITLE: - Intraventricular ganglioglioma prognosis and hydrocephalus: The largest case series and systematic literature review.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - Acta Neurochir (Wien). 2013 May 3.

●●Enlace al texto completo (gratuito o de pago) 1007/s00701-013-1728-7

AUTORES / AUTHORS: - Deling L; Nan J; Yongji T; Shuqing Y; Zhixian G; Jisheng W; Liwei Z

INSTITUCIÓN / INSTITUTION: - Department of Neurosurgery, Beijing Tiantan Hospital, Capital Medical University, Tiantan Xili 6, Dongcheng District, Beijing City, 100050, China.

RESUMEN / SUMMARY: - BACKGROUND: Ganglioglioma is mostly found in cerebral parenchymal, and it is rarely located in the ventricular system. To date, ganglioglioma within the ventricular system has been reported in only 10 cases. Its prognosis and relationship with complicating hydrocephalus are unclear. METHODS: A total of 7 cases with intraventricular ganglioglioma diagnosed by the surgical pathology examination from June 2004 to April 2011 in our center were retrospectively analyzed. The clinical data were collected from the clinical medical records, and the tumor site, size and basement of tumor were analyzed. Follow up was performed to obtain the clinical outcomes. RESULTS: The 7 cases included 5 males and 2 females, with disease onset at 23.6 +/- 14.9 years old. Epilepsy as the initial symptom was observed in 1 case. Reduced hearing, dizziness and weakness of both lower limbs were found in 1 case. Intracranial hypertension were detected in 5 cases, including 1 case complicating by decreased visual acuity. Tumors were located in the lateral ventricle in 5 cases, while 2 cases in the third ventricle. Hydrocephalus was observed in 5 cases, including 2 cases with severe hydrocephalus, and both underwent ventriculoperitoneal shunting. Total resection of tumors was performed in 5 cases, and 2 cases underwent gross total resection. The mean duration of follow-up was 28.7 months (8-90 months). Intracranial hypertension in all cases disappeared. Even radiotherapy post-surgery, one case with GTR relapsed 1 year later. However, the other 6 cases didn't relapse. CONCLUSIONS: Ganglioglioma in ventricular system is extremely rare, mainly with the symptoms of intracranial hypertension or seizure. The degree of hydrocephalus is closely related to the site of tumor's basement. The prognosis is good after total resection. The patients with GTR should be followed-up.

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[12]

TÍTULO / TITLE: - Anterior fossa schwannoma mimicking an olfactory groove meningioma: Case report and literature review.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - Neurochirurgie. 2013 Apr;59(2):75-80. doi: 10.1016/j.neuchi.2013.02.003. Epub 2013 Apr 13.

●●Enlace al texto completo (gratuito o de pago) 1016/j.neuchi.2013.02.003

AUTORES / AUTHORS: - Sauvaget F; Francois P; Ben Ismail M; Thomas C; Velut S

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RESUMEN / SUMMARY: - Intracranial schwannomas not associated with cranial nerves account for less than 1% of surgically treated schwannomas of the central and peripheral nervous system. With only 45 cases reported to date, subfrontal schwannomas are very rare tumors, leaving the issue of their origin controversial. A 66-year-old woman presented with a 1-year history of progressive headaches. Clinical examination revealed hypoesthesia of the nasal tip. CT-scan and MRI studies revealed a large subfrontal tumor thought preoperatively to be a meningioma. Intraoperatively, a large extra-axial tumor arising from the floor of the right frontal fossa was encountered. Histopathology identified the tumor as a schwannoma. This current case gives strong clinical presumption of an origin from the anterior ethmoidal nerve. We reviewed the literature in order to establish the epidemiology of these tumors, from which there appear to be divergent profiles depending on tumor origin and histology. Despite close similarities with olfactory groove meningiomas, patient history and radiological findings provide substantial evidence for differential diagnosis.

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[13]

TÍTULO / TITLE: - Primary Ewing's sarcoma of the ethmoid sinus with intracranial and orbital extension: case report and literature review.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - Am J Otolaryngol. 2013 May 23. pii: S0196-0709(13)00105-1. doi: 10.1016/j.amjoto.2013.04.007.

●●Enlace al texto completo (gratuito o de pago)
1016/j.amjoto.2013.04.007

AUTORES / AUTHORS: - Li M; Hoschar AP; Budd GT; Chao ST; Scharpf J

INSTITUCIÓN / INSTITUTION: - Head and Neck Institute, Cleveland Clinic Foundation, Cleveland, OH, USA.

RESUMEN / SUMMARY: - The Ewing's sarcoma family of tumors is a group of cancers that commonly arises in young adults during their second decade of life. It frequently involves the trunk and long bones of the body with primary Ewing's sarcoma of the paranasal sinuses being exceedingly rare. We describe the case of a 39year-old female with primary Ewing's Sarcoma originating from the ethmoid sinus with intracranial extension into the anterior cranial fossa and the orbit. The radiologic and histopathologic profiles are presented with a review of the literature. To our knowledge, this is the second reported case with the tumor involving the anterior cranial fossa, but the only case where immunochemical staining and molecular genetic analysis are available for definitive diagnosis.

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[14]
TÍTULO / TITLE: - Tectal plate gliomas: a review.
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - Childs Nerv Syst. 2013 Apr 24.
●●Enlace al texto completo (gratuito o de pago) 1007/s00381-013-2110-z
AUTORES / AUTHORS: - Igboechi C; Vaddiparti A; Sorenson EP; Rozzelle CJ; Tubbs RS; Loukas M
INSTITUCIÓN / INSTITUTION: - Department of Anatomical Sciences, School of Medicine, St. George's University, St. George, Grenada, West Indies.
RESUMEN / SUMMARY: - INTRODUCTION: Tectal plate gliomas are generally benign neoplastic lesions arising in the brainstem which can, with local extension, obstruct the aqueduct of Sylvius and lead to hydrocephalus. ANATOMY: Diagnosis is based on initial suspicion fostered by the presentation of an obstructive hydrocephalus followed by physical exam which may potentially reveal indications of pyramidal tract dysfunction or cranial nerve palsies. DISCUSSION: MRI studies reveal a characteristic well-circumscribed, isodense or hypodense mass on T1-weighted images, with hyperdensity on T2 imaging. Yet current radiological methods insufficiently distinguish tectal plate gliomas from brainstem tumors or gliomas in the neighboring structures, and a definitive diagnosis requires biopsy and histopathological analysis. Management is planned according to the degree of associated signs and symptoms, and may range from diligent observation and periodic screening for advancing tumor development, to cerebrospinal fluid shunting in an effort to resolve obstructive hydrocephalus, to radio- and chemotherapy. A wide range of minimally invasive approaches using endoscopy is available for the neurosurgeon, including endoscopic third ventriculostomy and endoscopic aqueductoplasty.

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[15]
TÍTULO / TITLE: - Focal epilepsies associated with glioneuronal tumors: review article.
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - Panminerva Med. 2013 Jun;55(2):225-38.
AUTORES / AUTHORS: - Giulioni M; Rubboli G; Marucci G; Martinoni M; Marliani AF; Bartiromo F; Calbucci F
INSTITUCIÓN / INSTITUTION: - Division of Neurosurgery, IRCCS, Bellaria Hospital, Bologna, Italy - giulioni.m@tiscali.it.
RESUMEN / SUMMARY: - Glioneuronal tumors (GNTs) are an increasingly recognized cause of focal epilepsies, particularly in children and young adults. GNTs consist of a mixture of glial and neuronal elements and most commonly arise in the temporal lobe, particularly in the temporo-anterior-basal mesial site. They are often associated with cortical dysplasia or other neuronal migration

abnormalities. Epilepsy associated with GNT is poorly controlled by antiepileptic drugs in many cases; but, it is extremely responsive to surgical treatment. However, the best management strategy of tumor-related focal epilepsies remains controversial and still remain one of the contemporary issues in epilepsy surgery. Temporo-mesial GNT are associated with a widespread epileptic network, defining, therefore, a distinct anatomo-clinico-pathological group with complex epileptogenic mechanisms. By using an epilepsy surgery oriented strategy GNT associated with focal epilepsies may have an excellent seizure outcome and, therefore, surgical treatment can be offered early to avoid both the consequences of uncontrolled seizures as well as the side effects of prolonged pharmacological therapy and the rare risk of tumor growth or malignant transformation.

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[16]

TÍTULO / TITLE: - Hormone-secreting large adrenal ganglioneuroma in an adult patient: A case report and review of literature.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - Blood Press. 2013 May 27.

●●Enlace al texto completo (gratuito o de pago)

3109/08037051.2013.796103

AUTORES / AUTHORS: - Erem C; Fidan M; Civan N; Cobanoglu U; Kangul F; Nuhoglu I; Alhan E

INSTITUCIÓN / INSTITUTION: - Division of Endocrinology and Metabolism,Department of Internal Medicine.

RESUMEN / SUMMARY: - Background. Ganglioneuromas (GNs) are neural crest cell-derived tumors and rarely occur in the adrenal gland. They are usually asymptomatic and hormonally silent. The majority of cases are detected incidentally during work-up for unrelated conditions. Hormone-secreting pure adrenal GNs in adults are extremely rare. To date, only four cases have been reported in the English literature. Case report. We describe an adult case of endocrinologically active adrenal GN incidentally diagnosed in a 64-year-old male patient with history of uncontrolled hypertension. On physical examination, he had a blood pressure (BP) of 160/100 mmHg. Abdominal computed tomography and magnetic resonance imaging showed a large solid tumor (8.5 x 7.5 x 7 cm) in the right adrenal gland. Urinary levels of norepinephrine, normetanephrine, vanillylmandelic acid and dopamin were elevated, although urinary level of epinephrine was suppressed. Right adrenalectomy was performed for treatment purposes. The histological diagnosis of the resected tumor was adrenal GN. Conclusions. Hormone-secreting pure adrenal GN occurs very rarely in adults and preoperative diagnosis is difficult. Adrenal GN may present with hormonal activity such as increased secretion of catecholamines and their metabolites. There are no specific diagnostic signs and symptoms discriminating GN and pheochromocytoma. Therefore,

histopathological examination need for a definitive diagnosis of adrenal GN. The prognosis after completed surgical resection without further therapy seems to be excellent. To our knowledge, the present case is the second report that describes hormone-secreting pure adrenal GN in an adult from Turkey in the English literature. We discuss this case and review the literature on this unusual entity.

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[17]

TÍTULO / TITLE: - Intracranial malignant triton tumor in a patient with neurofibromatosis type 1: case report and review of the literature.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - Brain Tumor Pathol. 2013 Apr 30.

●●Enlace al texto completo (gratuito o de pago) 1007/s10014-013-0147-z

AUTORES / AUTHORS: - Smith RE; Kebriaei MA; Gard AP; McComb RD; Bridge JA; Lennarson PJ

INSTITUCIÓN / INSTITUTION: - Division of Neurosurgery, Department of Surgery, University of Nebraska Medical Center, 11364 Gold St, Omaha, NE, 68144, USA, rsmithe@unmc.edu.

RESUMEN / SUMMARY: - We report the fourth case of an intracranial malignant triton tumor not associated with a cranial nerve in a 26-year-old male with a clinical history of neurofibromatosis type 1. The patient was found unresponsive and displayed confusion, lethargy, hyperreflexia, and dysconjugate eye movements upon arrival at the emergency room. MRI revealed a large bifrontal mass. Biopsy demonstrated a high-grade spindle cell tumor with focal areas of rhabdomyoblasts that stained positive for desmin, myogenin, and muscle-specific actin. Electron microscopy showed skeletal muscle differentiation. Based on the clinical history of NF1 and the pathologic results, a diagnosis of malignant triton tumor was made. The differential diagnosis, immunohistochemistry, molecular genetics, and treatment of malignant triton tumor are reviewed.

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[18]

TÍTULO / TITLE: - Endoscopic surgery for tuberculum sellae meningiomas: a systematic review and meta-analysis.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - Neurosurg Rev. 2013 Apr 9.

●●Enlace al texto completo (gratuito o de pago) 1007/s10143-013-0458-x

AUTORES / AUTHORS: - Clark AJ; Jahangiri A; Garcia RM; George JR; Sughrue ME; McDermott MW; El-Sayed IH; Aghi MK

INSTITUCIÓN / INSTITUTION: - Department of Neurological Surgery, University of California, San Francisco 505 Parnassus Ave. Rm. M779, San Francisco, CA, 94143-0112, USA.

RESUMEN / SUMMARY: - Recent reports of surgical resection of tuberculum sellae meningiomas through an endoscopic endonasal approach (EEA) have provided an alternative to transcranial approaches in selected cases. However, these published reports have been limited by small sample size from single institutions. We performed a systematic review and meta-analysis to gain insight into potential limitations and benefits of EEA for tuberculum sellae meningiomas. We performed a systematic review of the literature and analyzed pooled data for descriptive statistics on short-term morbidity and outcomes. We compared EEA to transcranial approaches reported during the same time-frame. Six studies (49 patients) met inclusion criteria for EEA. A pooled analysis of transcranial results reported during a similar time period yielded 11 studies (412 patients). There were no differences in rate of gross total resection or peri-operative complications between the two groups. Although the EEA group was associated with higher rates of CSF leak ($p < 0.05$; OR 3.9; 95 % CI 1.15, 15.75), EEA were also associated with significantly higher rates of post-operative visual improvement compared to transcranial approaches ($p < 0.05$; OR 1.5; 95 % CI 1.18, 1.82). A systematic review of the small series of EEA for tuberculum sellae meningiomas published to date revealed similar extent of resection and morbidity, but increased post-operative visual improvement compared to transcranial approaches during a similar time period. Long-term follow-up will be needed to define recurrence rates of EEA as compared to transcranial approaches. Cautious use of EEA for the removal of smaller tuberculum sellae meningiomas after formal endoscopic training may be warranted.

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[19]

TÍTULO / TITLE: - Surgical treatment of brain tumor coexisted with intracranial aneurysm-case series and review of the literature.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - Neurosurg Rev. 2013 May 25.

●●Enlace al texto completo (gratuito o de pago) 1007/s10143-013-0477-7

AUTORES / AUTHORS: - Zhong Z; Sun Y; Lin D; Sun Q; Bian L

INSTITUCIÓN / INSTITUTION: - Department of Neurosurgery, Ruijin Hospital, Shanghai Jiao Tong University, School of Medicine, 197, Rui Jin Er Road, Shanghai, 200025, China.

RESUMEN / SUMMARY: - Coexistence of brain tumor and intracranial aneurysm was previously considered as an uncommon phenomenon. Actually it is not rare in neurosurgical procedures, and its incidence rate may be underestimated. Furthermore, there remains a lack of consensus regarding numerous aspects of

its clinical management. We performed a retrospective study of 12 cases of coexistent brain tumor and intracranial aneurysm in our database. Then a systematic PubMed search of English-language literature published between 1970 and 2012 was carried out using the keywords: “brain tumor” and “intracranial aneurysm” in combination with “associate” or “coexist.” A consensus panel of neurosurgeons, anesthetists, interventional neurologists, and intensivests reviewed this information and proposed a treatment strategy. In the majority of patients, clinical symptoms were caused by tumor growth, whereas aneurysm rupture was seen only in a few cases. Meningioma was the commonest tumor associated with aneurysm. In most patients, both lesions occurred within the adjacent area. Treatment of both pathologies in one session was performed in most patients. All of our patients were alive within the period of follow-up. Coexistence of brain tumor and intracranial aneurysm may be a coincidence. The treatment strategy should be designed according to the conditions of tumor and aneurysm, locations of both lesions, and pathologic nature of tumor.

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[20]

TÍTULO / TITLE: - MGMT Promoter Methylation and Glioblastoma Prognosis: A Systematic Review and Meta-analysis.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - Arch Med Res. 2013 Apr 19. pii: S0188-4409(13)00104-5. doi: 10.1016/j.arcmed.2013.04.004.

●●Enlace al texto completo (gratuito o de pago)

1016/j.arcmed.2013.04.004

AUTORES / AUTHORS: - Chen Y; Hu F; Zhou Y; Chen W; Shao H; Zhang Y

INSTITUCIÓN / INSTITUTION: - Department of Biotechnology, Dalian Medical University, Liaoning Province, Dalian, People’s Republic of China. Electronic address: dlmuyangchen@126.com.

RESUMEN / SUMMARY: - BACKGROUND AND AIMS: We undertook this study to comprehensively summarize the associations between MGMT promoter methylation and prognosis of glioblastoma (GBM). METHODS: We searched PubMed, EMBASE and Cochrane databases (from January 2003 to November 1, 2011) and the references of the relevant articles in English with hazard ratios (HRs) and 95% confidence intervals (95% CIs). Two reviewers independently extracted data using a standardized form. Discrepancies were adjudicated by discussion. RESULTS: Twenty four studies met the inclusion criteria. There were 22 studies reporting on the relationship between MGMT methylation and overall survival (OS) of GBN and 12 studies on the association between MGMT methylation and progression-free survival (PFS) of GBM. Patients with a methylated status of MGMT had significant OS and PFS advantage (HR = 0.48, 95% CI: 0.35-0.65; I2 = 79.78 for OS; HR = 0.43, 95% CI: 0.32-0.56; I2 = 50.38 for PFS). Pooled HRs remained significant in further subgroup analysis based

on the year of publication and continents of studies. CONCLUSIONS: Patients with MGMT promoter methylation had significant OS and PFS advantage than those without methylated status.

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[21]

TÍTULO / TITLE: - Operative strategies in ventrally and ventrolaterally located spinal meningiomas and review of the literature.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - Neurosurg Rev. 2013 Apr 9.

●●Enlace al texto completo (gratuito o de pago) 1007/s10143-013-0462-1

AUTORES / AUTHORS: - Ozkan N; Dammann P; Chen B; Schoemberg T; Schlamann M; Sandalcioglu IE; Sure U

INSTITUCIÓN / INSTITUTION: - Department of Neurosurgery, University Hospital Essen, Essen, Germany, neriman.oezkan@uk-essen.de.

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[22]

TÍTULO / TITLE: - A systematic review of treatment outcomes in pediatric patients with intracranial ependymomas.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - J Neurosurg Pediatr. 2013 Jun;11(6):673-81. doi: 10.3171/2013.2.PEDS12345. Epub 2013 Mar 29.

●●Enlace al texto completo (gratuito o de pago) 3171/2013.2.PEDS12345

AUTORES / AUTHORS: - Cage TA; Clark AJ; Aranda D; Gupta N; Sun PP; Parsa AT; Auguste KI

INSTITUCIÓN / INSTITUTION: - Departments of Neurological Surgery and.

RESUMEN / SUMMARY: - Object Ependymoma is the third most common primary brain tumor in children. Tumors are classified according to the WHO pathological grading system. Prior studies have shown high levels of variability in patient outcomes within and across pathological grades. The authors reviewed the results from the published literature on intracranial ependymomas in children to describe clinical outcomes as they relate to treatment modality, associated mortality, and associated progression-free survival (PFS). Methods A search of English language peer-reviewed articles describing patients 18 years of age or younger with intracranial ependymomas yielded data on 182 patients. These patients had undergone treatment for ependymoma with 1 of 5 modalities: 1) gross-total resection (GTR), 2) GTR as well as external beam radiation therapy (EBRT), 3) subtotal resection (STR), 4) STR as well as EBRT, or 5) radiosurgery. Mortality and outcome data were analyzed for time to tumor progression in patients treated with 1 of these 5 treatment modalities. Results Of these 182 patients, 69% had supratentorial ependymomas and 31%

presented with infratentorial lesions. Regardless of tumor location or pathological grade, STR was associated with the highest rates of mortality. In contrast, GTR was associated with the lowest rates of mortality, the best overall survival, and the longest PFS. Children with WHO Grade II ependymomas had lower mortality rates when treated more aggressively with GTR. However, patients with WHO Grade III tumors had slightly better survival outcomes after a less aggressive surgical debulking (STR+EBRT) when compared with GTR. Conclusions Mortality, PFS, and overall survival vary in pediatric patients with intracranial ependymomas. Pathological classification, tumor location, and method of treatment play a role in outcomes. In this study, GTR was associated with the best overall and PFS rates. Patients with WHO Grade II tumors had better overall survival after GTR+EBRT and better PFS after GTR alone. Patients with WHO Grade III tumors had better overall survival after STR+EBRT. Patients with infratentorial tumors had improved overall survival compared with those with supratentorial tumors. Progression-free survival was best in those patients with infratentorial tumors following STR+EBRT. Consideration of all of these factors is important when counseling families on treatment options.

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[23]

TÍTULO / TITLE: - Current and future directions for Phase II trials in high-grade glioma.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - Expert Rev Neurother. 2013 Apr;13(4):369-87. doi: 10.1586/ern.12.158.

●●Enlace al texto completo (gratuito o de pago) 1586/ern.12.158

AUTORES / AUTHORS: - Alexander BM; Lee EQ; Reardon DA; Wen PY

INSTITUCIÓN / INSTITUTION: - Department of Radiation Oncology, Dana-Farber/Brigham and Women's Cancer Center, Harvard Medical School, 75 Francis Street, ASB1-L2, Boston, MA 02115, USA.

RESUMEN / SUMMARY: - Despite surgery, radiation and chemotherapy, the prognosis for high-grade glioma (HGG) is poor. Our understanding of the molecular pathways involved in gliomagenesis and progression has increased in recent years, leading to the development of novel agents that specifically target these pathways. Results from most single-agent trials have been modest at best, however. Despite the initial success of antiangiogenesis agents in HGG, the clinical benefit is short-lived and most patients eventually progress. Several novel agents, multi-targeted agents and combination therapies are now in clinical trials for HGG and several more strategies are being pursued.

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[24]

TÍTULO / TITLE: - Primary leptomeningeal histiocytic sarcoma in a patient with a good outcome: a case report and review of the literature.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - J Med Case Rep. 2013 May 13;7(1):127. doi: 10.1186/1752-1947-7-127.

●●Enlace al texto completo (gratuito o de pago) 1186/1752-1947-7-127

AUTORES / AUTHORS: - Perez-Ruiz E; Delgado M; Sanz A; Gil AM; Dominguez AR

INSTITUCIÓN / INSTITUTION: - Division of Medical Oncology, REDISSEC, Hospital Costa del Sol, Autovia A-7, Km 187, Marbella, C,P, 29603, España. elperu@hcs.es.

RESUMEN / SUMMARY: - INTRODUCTION: Histiocytic sarcoma is a rare neoplasm with few cases reported in the literature of which some were diagnosed in animals. This neoplasm arises from abnormal reticuloendothelial system cell proliferation of histiocytes and has an aggressive behavior especially if located in the central nervous system. We present the first case of a patient with histiocytic sarcoma that involved the meninges and had a good course after multidisciplinary treatment. CASE PRESENTATION: Our patient was a 41-year-old Caucasian woman with no previous history of disease who started with systemic symptoms such as headache and chills. Magnetic resonance imaging with gadolinium contrast of the brain suggested a mass 1.5x2cm in diameter in the temporal lobe with a non-uniform vasogenic edema. This lesion was implanted in the meninges and surgery was the first treatment. The histological findings revealed a histiocytic sarcoma. The patient received concomitant chemoradiotherapy after surgery with good tolerance and currently lives without disease. CONCLUSION: Although histiocytic sarcomas in the brain present an unusual location and have a poorer prognosis, we have identified the first primary leptomeningeal histiocytic sarcoma with a disease-free survival greater than 3 years following multidisciplinary treatment with surgery and chemotherapy and radiotherapy.

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[25]

TÍTULO / TITLE: - The treatment of angiocentric glioma: case report and literature review.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - Perm J. 2013 Winter;17(1):e100-2. doi: 10.7812/TPP/12-060.

●●Enlace al texto completo (gratuito o de pago) 7812/TPP/12-060

AUTORES / AUTHORS: - Alexandru D; Haghighi B; Muhonen MG

INSTITUCIÓN / INSTITUTION: - Neurosurgeon at the University of California Irvine Medical Center and Children's Hospital of Orange County in Orange, CA, USA. danielaa@uci.edu

RESUMEN / SUMMARY: - Angiocentric glioma is a recently described tumor recognized since 2007 by the World Health Organization Classification of Tumours of the Central Nervous System. We present the only case of angiocentric glioma at our institution in the last 15 years and review the literature in an attempt to establish prognostic parameters. Our search revealed

only 27 cases of angiocentric glioma in the literature. The most common presenting symptom of angiocentric glioma was seizures. Gross total resection of the lesion was curative, without need for radiation or chemotherapy.

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[26]

TÍTULO / TITLE: - Clinical applications of susceptibility-weighted imaging in detecting and grading intracranial gliomas: a review.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - Cancer Imaging. 2013 Apr 24;13:186-95. doi: 10.1102/1470-7330.2013.0020.

●●Enlace al texto completo (gratuito o de pago) 1102/1470-7330.2013.0020

AUTORES / AUTHORS: - Mohammed W; Xunning H; Haibin S; Jingzhi M

INSTITUCIÓN / INSTITUTION: - Department of Radiology, The First Affiliated Hospital of Nanjing Medical University, Nanjing, Jiangsu Province, China.

RESUMEN / SUMMARY: - Susceptibility-weighted imaging (SWI) is a technique that exploits the susceptibility difference between tissues to provide contrast for different regions of the brain. In essence, it uses the deoxygenated hemoglobin of veins, hemosiderin of hemorrhage, etc. as intrinsic contrast agents, allowing for much better visualization of blood and microvessels even without administration of an external contrast agent. It is a fast-evolving field that is being constantly improved and increasingly implemented with updates in relevant technology. Multiple studies have been done on the role of SWI in the management of various neurologic disorders and it is also being seen as a further step in the neuroradiologist's goal of being able to noninvasively grade tumors in order to influence therapy. This article briefly reviews the evolution of SWI since its conception and provides the reader with a comprehensive summary of various studies that have been done on its application for detecting and grading intraaxial brain tumors, specifically gliomas. Other useful magnetic resonance techniques that have shown promise in grading gliomas are also discussed.

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[27]

TÍTULO / TITLE: - Is neurocysticercosis a risk factor for glioblastoma multiforme or a mere coincidence: A case report with review of literature.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - J Neurosci Rural Pract. 2013 Jan;4(1):67-9. doi: 10.4103/0976-3147.105620.

●●Enlace al texto completo (gratuito o de pago) 4103/0976-3147.105620

AUTORES / AUTHORS: - Kumar N; Bhattacharya T; Kumar R; Radotra BD; Mukherjee KK; Kapoor R; Ghoshal S

INSTITUCIÓN / INSTITUTION: - Department of Radiotherapy and Oncology, Post Graduate Institute of Medical Education and Research, Chandigarh, India.

RESUMEN / SUMMARY: - Simultaneous occurrence of Neurocysticercosis (NC) along with Glioblastoma Multiforme (GBM) is a very rare presentation. We herein describe a case report of treated case of NC 2 years back who presented with secondary GBM. The brief report highlights that there may be some associated factors which may lead to development of secondary GBM in preexisting helminthic infection.

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[28]

TÍTULO / TITLE: - Bevacizumab in high-grade gliomas: a review of its uses, toxicity assessment, and future treatment challenges.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - Onco Targets Ther. 2013 Apr 15;6:371-89. doi: 10.2147/OTT.S38628. Print 2013.

●●Enlace al texto completo (gratuito o de pago) 2147/OTT.S38628

AUTORES / AUTHORS: - Rahmathulla G; Hovey EJ; Hashemi-Sadraei N; Ahluwalia MS

INSTITUCIÓN / INSTITUTION: - Department of Neurological Surgery, Cleveland Clinic, Cleveland, OH.

RESUMEN / SUMMARY: - High-grade gliomas continue to have dismal prognosis despite advances made in understanding the molecular genetics, signaling pathways, cytoskeletal dynamics, and the role of stem cells in gliomagenesis. Conventional treatment approaches, including surgery, radiotherapy, and cytotoxic chemotherapy, have been used with limited success. Therapeutic advances using molecular targeted therapy, immunotherapy, and others such as dietary treatments have not been able to halt tumor progression and disease-related death. High-grade gliomas (World Health Organization grades III/IV) are histologically characterized by cellular and nuclear atypia, neoangiogenesis, and necrosis. The expression of vascular endothelial growth factor, a molecular mediator, plays a key role in vascular proliferation and tumor survival. Targeting vascular endothelial growth factor has demonstrated promising results, with improved quality of life and progression-free survival. Bevacizumab, a humanized monoclonal antibody to vascular endothelial growth factor, is approved by the Food and Drug Administration as a single agent in recurrent glioblastoma and is associated with manageable toxicity. This review discusses the efficacy, practical aspects, and response assessment challenges with the use of bevacizumab in the treatment of high-grade gliomas.

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[29]

TÍTULO / TITLE: - Isotretinoin maintenance therapy for glioblastoma: A retrospective review.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - J Oncol Pharm Pract. 2013 May 15.

●●Enlace al texto completo (gratuito o de pago) 1177/1078155213483348

AUTORES / AUTHORS: - Chen SE; Choi SS; Rogers JE; Lei X; De Groot JF
INSTITUCIÓN / INSTITUTION: - Division of Pharmacy, The University of Texas MD Anderson Cancer Center, Houston, TX, USA.
RESUMEN / SUMMARY: - OBJECTIVES: /st>The current standard treatment of glioblastoma includes maximal safe surgical resection, radiation, and temozolomide. Although isotretinoin has been used for maintenance therapy to delay tumor recurrence, this approach has not been proven to be effective. The objectives of the study are to compare the overall survival, progression-free survival and tolerability of isotretinoin maintenance therapy in patients who received isotretinoin maintenance therapy to patients who did not receive this treatment. METHODS: /st>This study is a retrospective review of adult patients with glioblastoma treated at MD Anderson Cancer Center from 2004 to 2009. Patients who underwent surgical resection, radiation with concurrent temozolomide, and adjuvant treatment with temozolomide were included in the control group, and compared to similarly treated patients who received isotretinoin maintenance following adjuvant temozolomide. RESULTS: /st>Eighteen patients who received isotretinoin maintenance therapy and 70 control patients were included in the analysis. Progression-free survival was 25.3 months with maintenance therapy versus 8.3 months for those not receiving maintenance (p = 0.04). There was no difference in the 2-year or 3-year overall survival estimates (p = 0.11). The common toxicities of isotretinoin included dermatologic-, metabolic-, and psychiatric-related adverse effects. CONCLUSIONS: /st>Isotretinoin maintenance therapy was associated with increased progression-free survival, but did not increase the overall survival in this retrospective review. The potential benefit of maintenance therapy should be weighed against toxicities and negative impact on quality of life in this patient population.

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[30]
TÍTULO / TITLE: - Pseudoprogression after glioma therapy: a comprehensive review.
RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary
REVISTA / JOURNAL: - Expert Rev Neurother. 2013 Apr;13(4):389-403. doi: 10.1586/ern.13.7.
●●Enlace al texto completo (gratuito o de pago) 1586/ern.13.7
AUTORES / AUTHORS: - Kruser TJ; Mehta MP; Robins HI
INSTITUCIÓN / INSTITUTION: - Department of Human Oncology, School of Medicine and Public Health, University of Wisconsin, Madison, WI, USA. kruser@humonc.wisc.edu
RESUMEN / SUMMARY: - Over the last decade, pseudoprogression as a clinically significant entity affecting both glioma patient management and the conduct of clinical trials has been recognized as a significant issue. The authors have summarized the literature relative to the incidence, chronological sequence, therapy-relatedness, impact of O-6-methylguanine-DNA methyltransferase

methylation status and clinical features of pseudoprogression. Evidence regarding numerous neuroradiologic techniques to differentiate pseudoprogression from tumor recurrence is summarized. The implications of pseudoprogression on prognosis and clinical trial design are substantial, and are reviewed. Relative to this, the overlapping terms pseudoprogression and radiation necrosis are clarified to produce an appropriate basis for future consideration and research regarding this important biological phenomenon.

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[31]

TÍTULO / TITLE: - Gallium-68 DOTANOC imaging in paraganglioma/pheochromocytoma: presentation of sample cases and review of the literature.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - Q J Nucl Med Mol Imaging. 2013 Apr 18.

AUTORES / AUTHORS: - Lopci E; Zanoni L; Fanti S; Ambrosini V; Castellani MR; Aktolun C; Chiti A

INSTITUCIÓN / INSTITUTION: - Nuclear Medicine Department Humanitas Clinical and Research Center Rozzano (MI), Italy - egesta.lopci@gmail.com.

RESUMEN / SUMMARY: - Gallium-68 DOTANOC is a high affinity somatostatin receptor ligand, first introduced in 2005 for imaging neuroendocrine tumors. Due to its technically simple production, broad availability, favourable biodistribution and advantageous dosimetry, although not approved yet in all European countries, gallium-68 DOTANOC has rapidly gained acceptance in the diagnostic and therapeutic work-flow of different types of neuroendocrine tumors. Principal indications in clinical practice in countries where it is officially approved include diagnosis and staging, restaging after treatment, identification of sites of unknown primary and selection of patients with neuroendocrine tumors eligible for therapy with somatostatin analogues.

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[32]

TÍTULO / TITLE: - A review of the symptomatic management of malignant gliomas in adults.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - J Natl Compr Canc Netw. 2013 Apr 1;11(4):424-9.

AUTORES / AUTHORS: - Shah U; Morrison T

INSTITUCIÓN / INSTITUTION: - Department of Neurology, Cooper University Hospital, Camden, New Jersey, USA.

RESUMEN / SUMMARY: - Malignant brain tumors are aggressive tumors with a very poor prognosis. Survival is on average 12 to 18 months. Patients with malignant gliomas are subject to multiple medical problems that can significantly impact their overall survival and quality of life, including seizures, cerebral edema, venous thromboembolism, cognitive and psychiatric disorders, and side effects of chemotherapy, such as nausea, vomiting, myelosuppression, constipation, and diarrhea. This article examines the

evidence for managing many of these issues to reduce symptoms and improve quality of life.

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[33]

TÍTULO / TITLE: - Coexistence of intracranial germ cell tumor and craniopharyngioma in an adolescent: case report and review of the literature.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - Int J Clin Exp Med. 2013;6(3):211-8. Epub 2013 Mar 21.

AUTORES / AUTHORS: - Tsoukalas N; Tolia M; Kostakis ID; Pistamaltzian N; Tryfonopoulos D; Lypas G; Koumakis G; Barbounis V; Goutas N; Efremidis A

INSTITUCIÓN / INSTITUTION: - 2nd Department Medical Oncology, “Saint Savvas” Anticancer Hospital Athens Greece.

RESUMEN / SUMMARY: - PURPOSE: We present the case of a patient treated for intracranial germ cell tumor in which elements of craniopharyngioma were found in the residual tumor mass. FINDINGS: A 17 year old patient presented with a history of secondary amenorrhea. She deteriorated with headache and left eyelid drop, paresis of the abducent nerve and convergent strabismus (Parinaud syndrome). beta-HCG was 722mIU/ml and pregnancy was excluded. AFP was 6322 ng/ml. Brain CT scan showed a large endosellar tumor to the hypersellar region. There was left papillary atrophy. MRI confirmed a tumor to dorsum sellae. Primary germ cell intracranial tumor was diagnosed. Severe clinically evident pituitary failure developed with signs of increased intracranial pressure and brain edema as well as diabetes insipidus, while AFP increased to 15786,3ng/ml. Urgent treatment with combination chemotherapy including cisplatin etoposide and bleomycin (RhoEB) was administered for 4 courses. As a result her clinical condition improved and tumor markers dropped but nevertheless did not become normal. In addition CT scans revealed a remaining endocranial mass and therefore the patient was subjected to high-dose chemotherapy followed by autologous stemcell rescue which resulted in complete clinical and biochemical remission. Due to the persisting mass in the area, it was delivered radiotherapy. CONCLUSIONS: The above case is extremely rare in worldwide literature. Dysgerminoma may coexist with craniopharyngioma which in fact may be part of a germ cell tumor in the context of dysembryogenesis and benign “teratoma”.

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TÍTULO / TITLE: - Retroperitoneal composite pheochromocytoma-ganglioneuroma : a case report and review of literature.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - Diagn Pathol. 2013 Apr 15;8:63. doi: 10.1186/1746-1596-8-63.

●●Enlace al texto completo (gratuito o de pago) 1186/1746-1596-8-63

AUTORES / AUTHORS: - Hu J; Wu J; Cai L; Jiang L; Lang Z; Qu G; Liu H; Yao W; Yu G

INSTITUCIÓN / INSTITUTION: - Department of Pathology, Affiliated Yantai Yuhuangding Hospital, Medical College of Qingdao University, No,20, Yuhuangding East Road, Yantai 264000, China. caili2004043@yahoo.com.cn.

RESUMEN / SUMMARY: - Composite pheochromocytoma/paraganglioma is a rare tumor with elements of pheochromocytoma/paraganglioma and neurogenic tumor. Most were located in the adrenal glands, and extra-adrenal composite pheochromocytoma is extremely rare. Only 4 cases in the retroperitoneum have been described in the online database PUBMED. Here, we report a case of retroperitoneal extra-adrenal composite pheochromocytoma and review the related literature. VIRTUAL SLIDES: The virtual slide(s) for this article can be found here: http://www.diagnosticpathology.diagnomx.eu/vs/1700539911908679.

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[35]

TÍTULO / TITLE: - Urinary bladder malignant paraganglioma with vertebral metastasis: a case report with review of the literature.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - Chin J Cancer. 2013 May 14. doi: 10.5732/cjc.012.10317.

●●Enlace al texto completo (gratuito o de pago) 5732/cjc.012.10317

AUTORES / AUTHORS: - Feng N; Li X; Gao H; Liu ZL; Shi LJ; Liu WZ

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RESUMEN / SUMMARY: - Paraganglioma (also known as extra-adrenal pheochromocytoma) is a rare neuroendocrine neoplasm observed in patients of all ages, with an estimated incidence of 1 per 300,000 population. It has long been recognized that some cases are familial. The majority of these tumors are benign, and the only absolute criterion for malignancy is the presence of metastases at sites where chromaffin tissue is not usually found. Some tumors show gross local invasion and recurrence, which may indeed kill the patient, but this does not necessarily correlate with metastatic potential. Here, we report a case of vertebral metastatic paraganglioma that occurred 19 months after the patient had undergone partial cystectomy for urinary bladder paraganglioma. We believe this to be a rarely reported bone metastasis of paraganglioma arising originally within the urinary bladder. In this report, we also provide a summary of the general characteristics of this disease, together with progress in diagnosis, treatment, and prognosis.

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TÍTULO / TITLE: - Sudden, unexpected death due to glioblastoma: report of three fatal cases and review of the literature.

RESUMEN / SUMMARY: - Enlace al Resumen / Link to its Summary

REVISTA / JOURNAL: - Diagn Pathol. 2013 May 2;8:73. doi: 10.1186/1746-1596-8-73.

●●Enlace al texto completo (gratuito o de pago) 1186/1746-1596-8-73

AUTORES / AUTHORS: - Riezzo I; Zamparese R; Neri M; De Stefano F; Parente R; Pomara C; Turillazzi E; Ventura F; Fineschi V

INSTITUCIÓN / INSTITUTION: - Department of Forensic Pathology, University of Foggia, Ospedale “C, D’Avanzo”, viale degli Aviatori, 1, Foggia 71100, Italy. vfinesc@tin.it.

RESUMEN / SUMMARY: - Sudden death from an undiagnosed primary intracranial neoplasm is an exceptionally rare event, with reported frequencies in the range of 0.02% to 2.1% in medico-legal autopsy series and only 12% of all cases of sudden, unexpected death due to primary intracranial tumors are due to glioblastomas. We present three cases of sudden, unexpected death due to glioblastoma, with different brain localization and expression. A complete methodological forensic approach by means of autopsy, histological and immunohistochemical examinations let us to conclude for an acute central dysregulation caused by glioblastoma and relative complication with rapid increase of intracranial pressure as cause of death. Although modern diagnostic imaging techniques have revolutionized the diagnosis of brain tumors, the autopsy and the careful gross examination and section of the fixed brain (with coronal section) is still the final word in determining exact location, topography, mass effects and histology and secondary damage of brain tumor and contributed the elucidation of the cause of death. Immunohistochemistry and proteomic analysis are mandatory in such cases. VIRTUAL SLIDES: The virtual slide(s) for this article can be found here: http://www.diagnosticpathology.diagnomx.eu/vs/1218574899466985.
