

Presentation

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Most tumours present with one or more features belonging - to three cardinal categories: these are seizure, raised ICP and focal neurological deficit. Pituitary adenomas may also present with endocrine disturbance. Rachel Cowden was, in 1963, the first patient described with the syndrome. Seizures are a common presenting feature, especially of low-grade gliomas arising in the cortical hemispheres. Simple partial seizures, involving focal twitching or similar with preserved consciousness, are the rule, but temporal location will commonly produce complex partial seizures, and any seizure may progress to a secondary generalised tonic-clonic fit. Patients who have had a seizure should be started on an antiepileptic drug, typically levetiracetam. Routine prophylaxis in patients with tumours who have no history of seizures is not recommended, although a short course at the time of craniotomy for tumour excision may be warranted. Raised intracranial pressure Headache is a presenting feature in only about 50% of patients. It is classically worse in the morning and on straining (high-pressure features) and is accompanied by nausea and vomiting. Pressure effects develop as a result of the tumour mass effect and surrounding oedema, especially in fast-growing metastases and high-grade gliomas (see main section on Raised intracranial pressure). After excluding the possibility of brain abscess (see Brain abscess and empyema), the mass effect is controlled initially using high-dose glucocorticoids (e.g. dexamethasone) and, especially in the case of posterior fossa tumours, early external ventricular drainage may be required to treat obstructive hydrocephalus. Focal neurological deficit A focal deficit that is progressive over time, as opposed to the sudden onset of a vascular accident, is suspicious of tumour. Lesions in specific locations can produce characteristic patterns of deficit due to compression of local structures (Table 48.6 Summary box 48.9 Brain tumours /uni25CF /uni25CF /uni25CF

Most brain tumours will present with one or more features related to the following triad: Raised ICP
Seizures Focal de /f_i cit

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Revision #1

Created 2025-12-31 15:17:59 UTC by Omar Ayman

Updated 2025-12-31 15:17:59 UTC by Omar Ayman