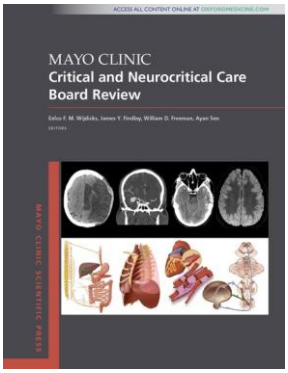
Oxford University Press Neuro-Oncology Reading List

Explore OUP's Neuro-oncology offerings with these complimentary chapters from our award-winning titles.

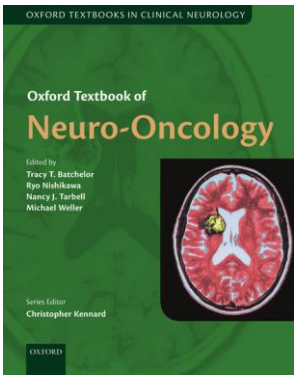


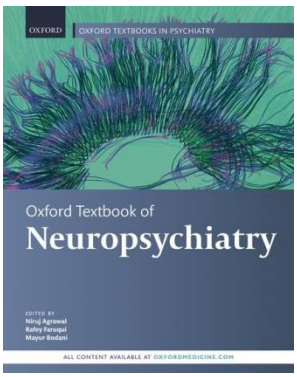
From **Mayo Clinic Critical and Neurocritical Care Board Review**, Edited by Eelco F.M. Wijdicks, William D. Freeman, James Y. Findlay, and Ayan Sen: "Autoimmune Encephalitis"

From the introduction: "The increased recognition of this potentially immunotherapy-responsive disorder is facilitated by a dramatic increase in cerebrospinal fluid (CSF) neural antibody biomarkers of central nervous system autoimmunity, testing for which is now readily available through commercial laboratories and can be performed on both serum and CSF…"

From the **Oxford Textbook of Neuro-Oncology**, Edited by Tracy Batchelor, Ryo Nishikawa, Nancy Tarbell, and Michael Weller: "Germ cell tumours"

From the chapter: "The three major locations of iGCTs (intracranial germ cell tumours) are the pineal region, neurohypophysis, and basal ganglia. Tumours of the pineal region often obstruct the aqueduct, resulting in obstructive hydrocephalus with intracranial hypertension. When lesions compress the tectal plate, a characteristic paralysis of upward gaze and convergence known as Parinaud syndrome occurs. Neurohypophyseal GCTs typically impinge on the optic chiasm causing bitemporal hemianopsia. They also damage the hypothalamo–hypophyseal axis as evidenced by the occurrence of diabetes insipidus that sometimes precedes the finding of tumours by years. These tumours used to be called suprasellar GCTs…"





From the **Oxford Textbook of Neuropsychiatry**, Edited by Niruj Agrawal, Rafey Faruqui, and Mayur Bodani: "Neuropsychiatric aspects of CNS tumours in adults"

From the introduction: "Around 90% of patients will suffer neuropsychiatric complications, and in around 20%, these are the presenting symptoms (Keschner et al., 1983). As presentation varies enormously across all ages, tumour sites, and tumour types, establishing the correct clinical diagnosis is not always straightforward, and hence diagnostic delays are not uncommon.."