

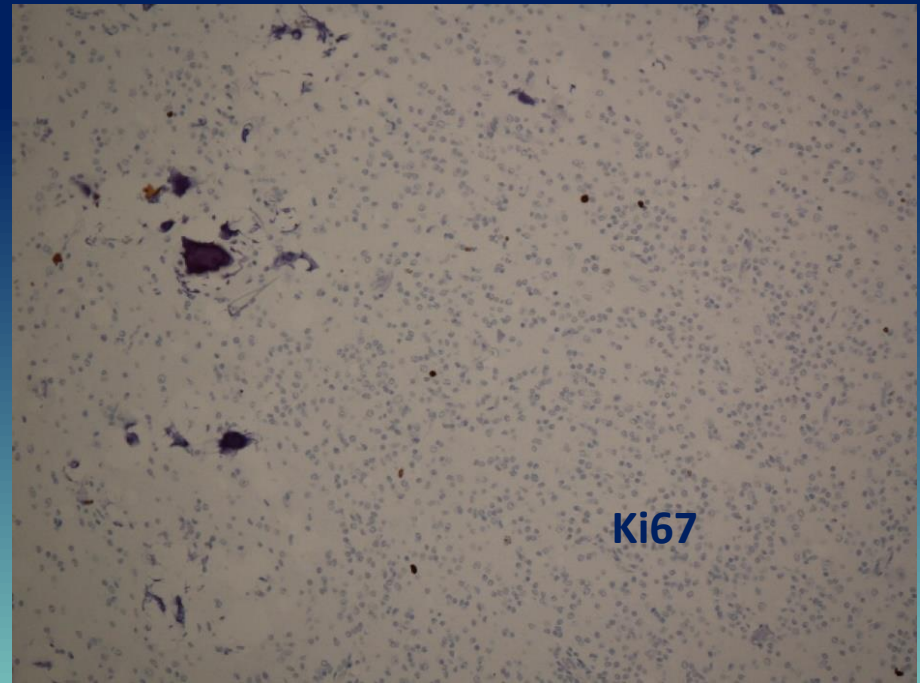
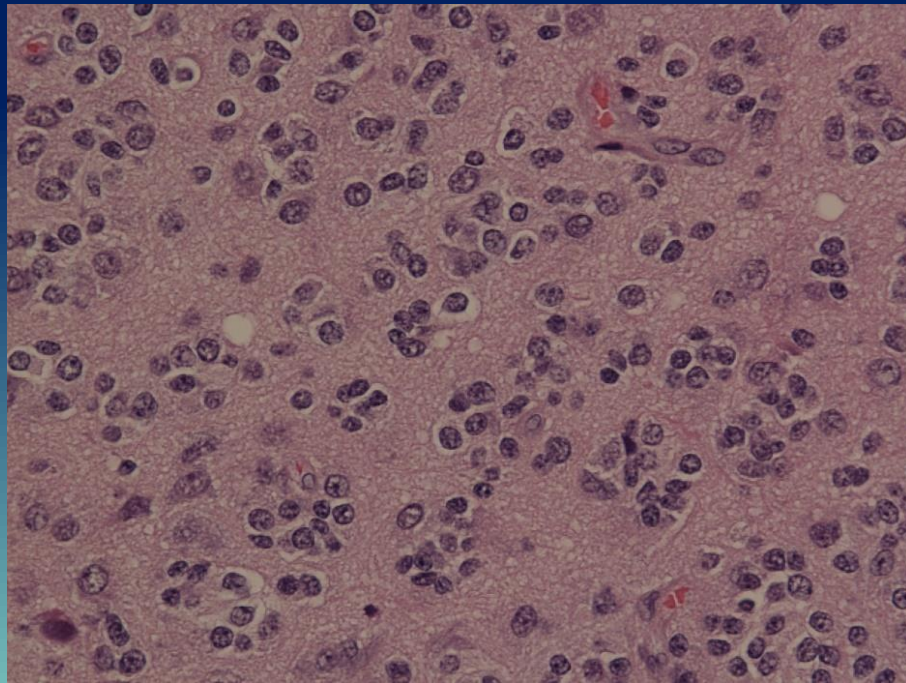
Paediatric Brain Tumours

Prof S Wharton

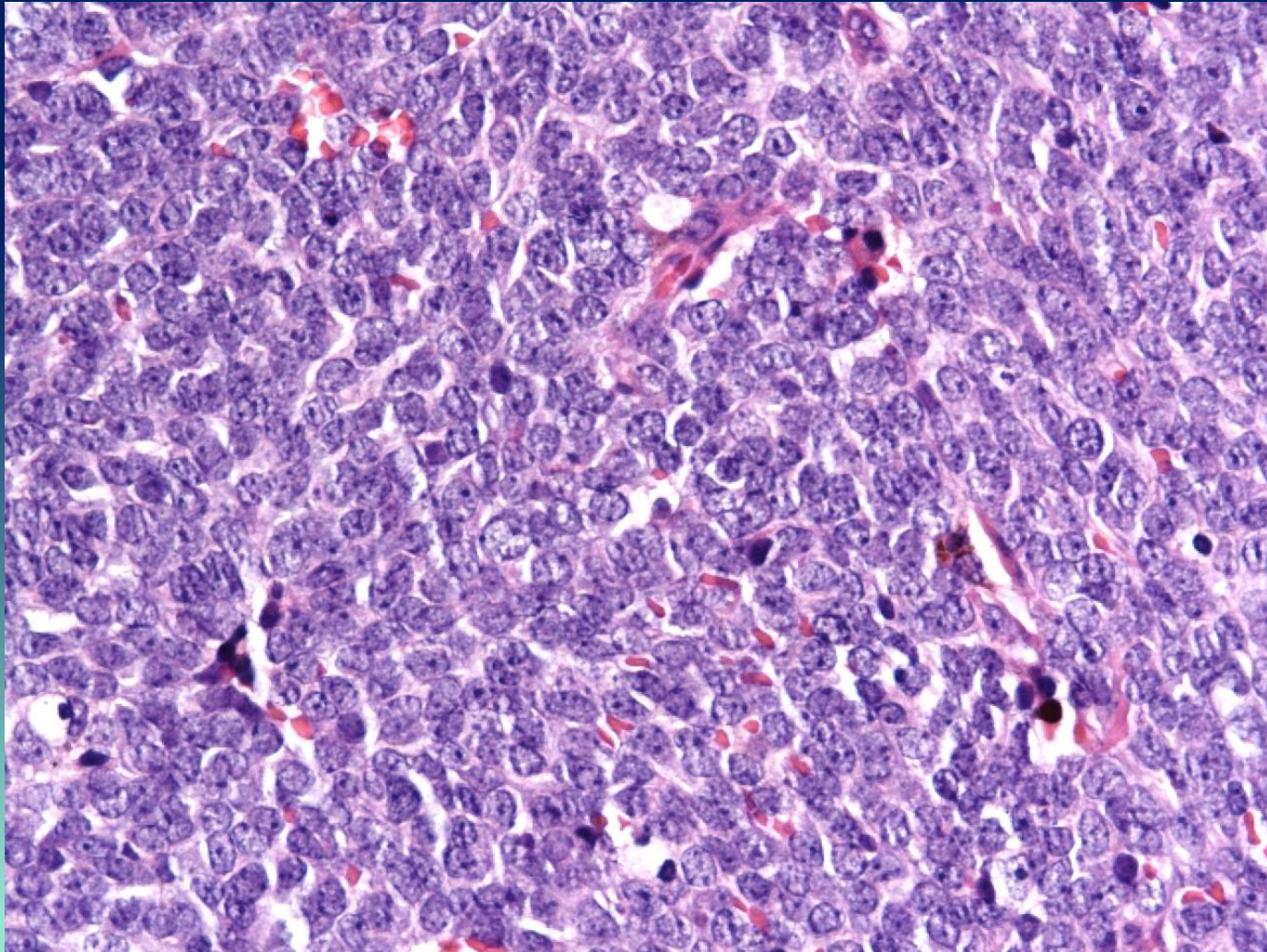
Session Aims

- Introduce some of the common paediatric brain tumours
- Illustrate the importance of
 - Histological subtyping
 - Molecular subtyping
 - Stratification

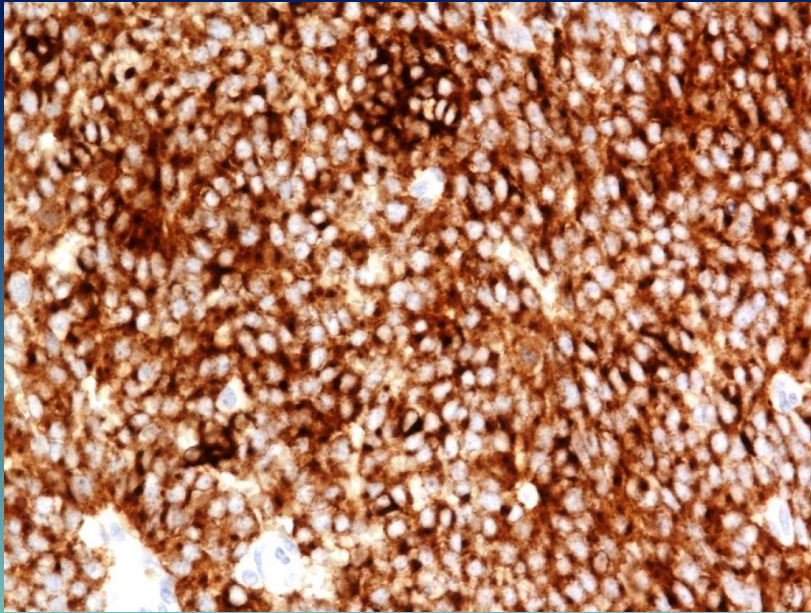
Case 1: 7m non-enhancing pre-central cerebral tumour



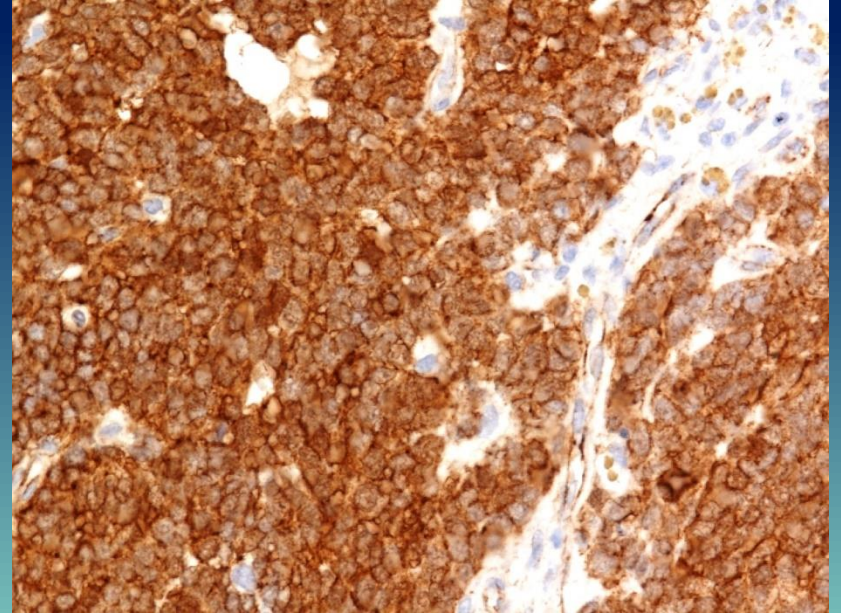
Case 2: 10f dizziness, headache,
ataxia. Vermian SOL



Synaptophysin

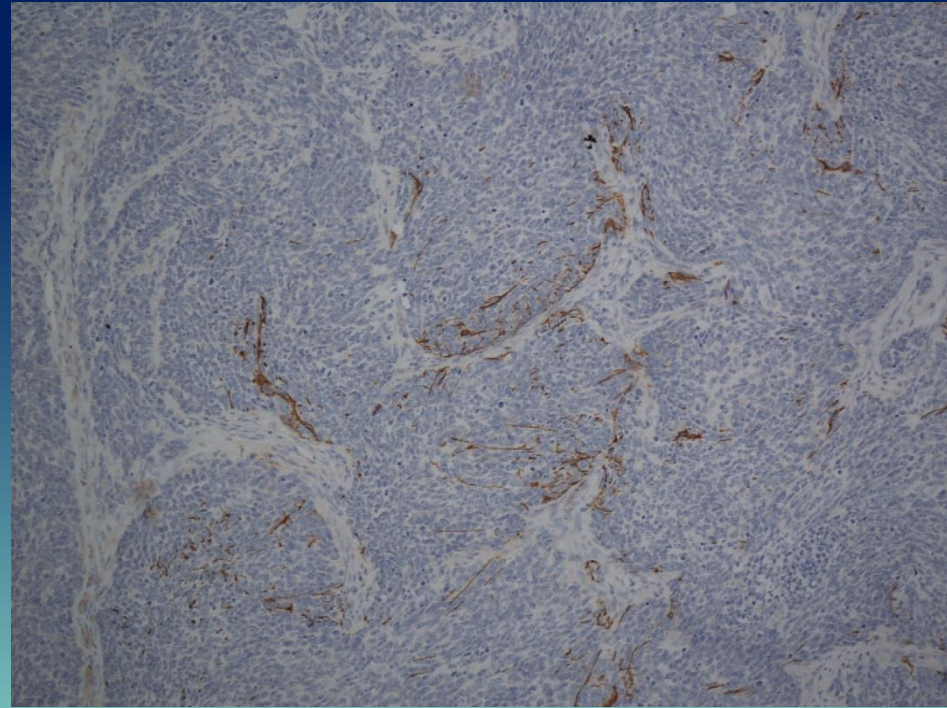
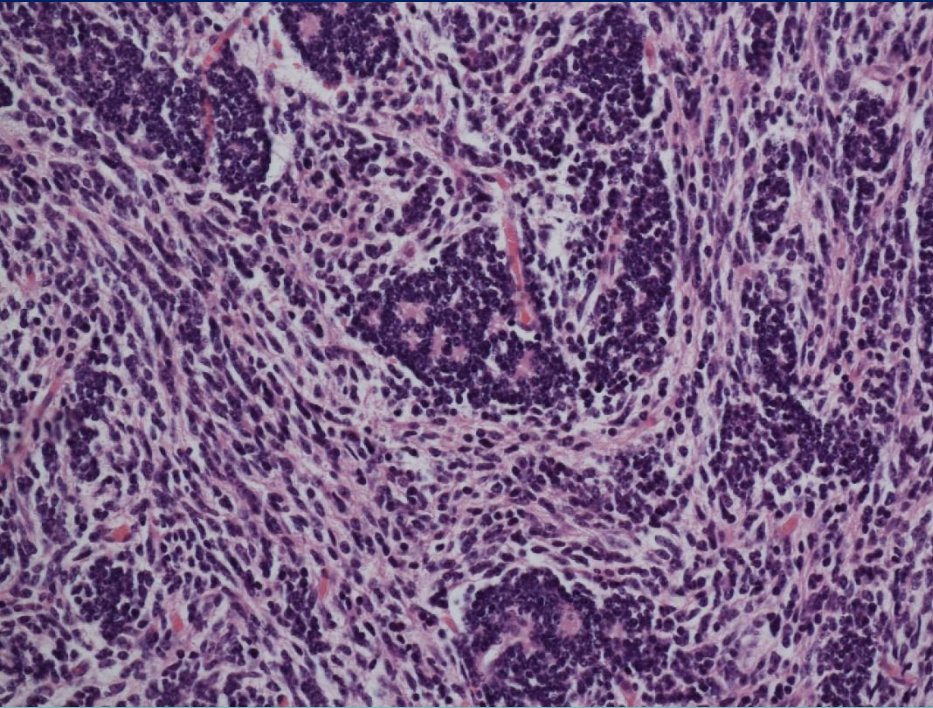


β -Catenin

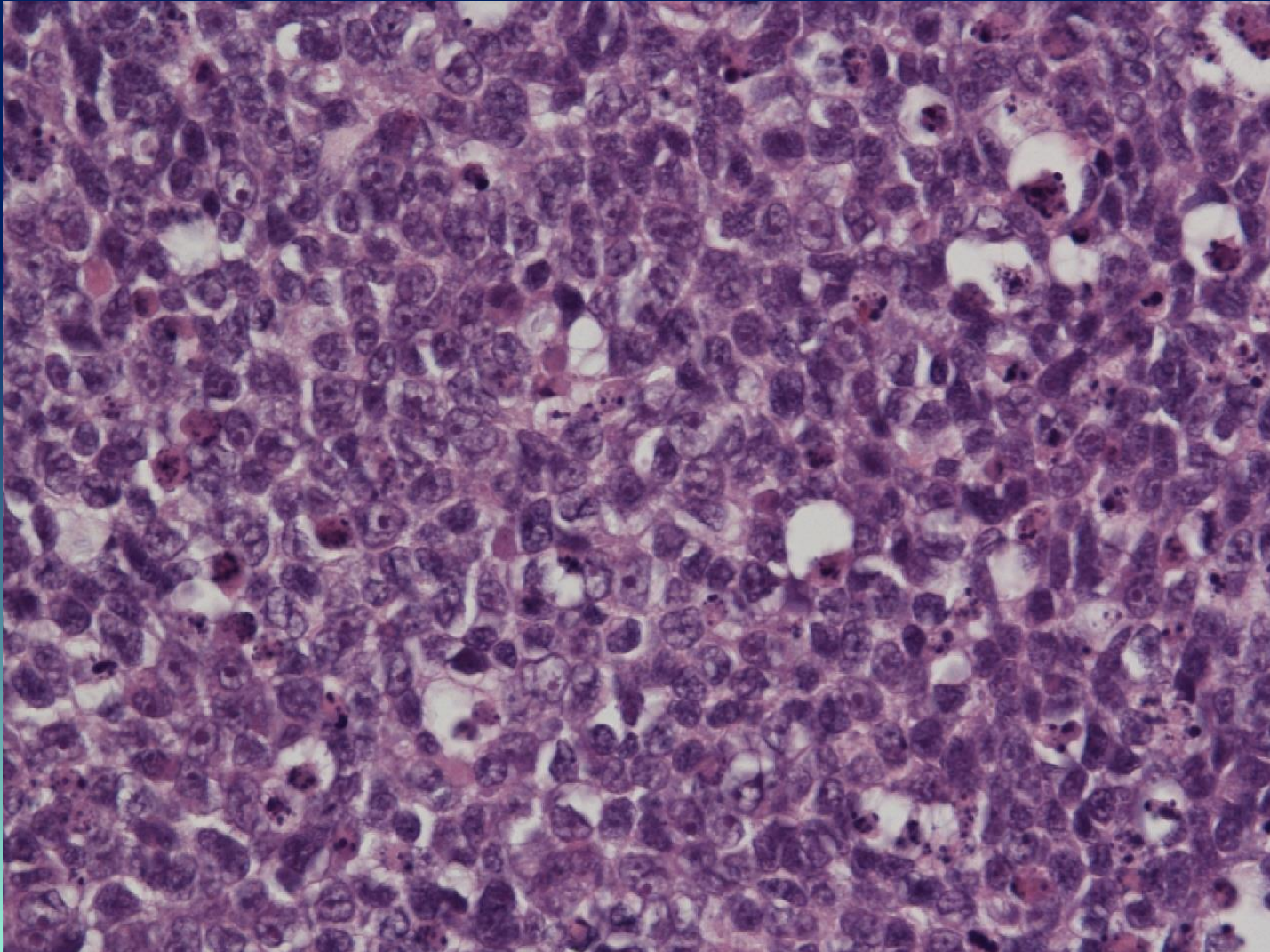


Case 3: 5m post fossa tumour, hydrocephalus

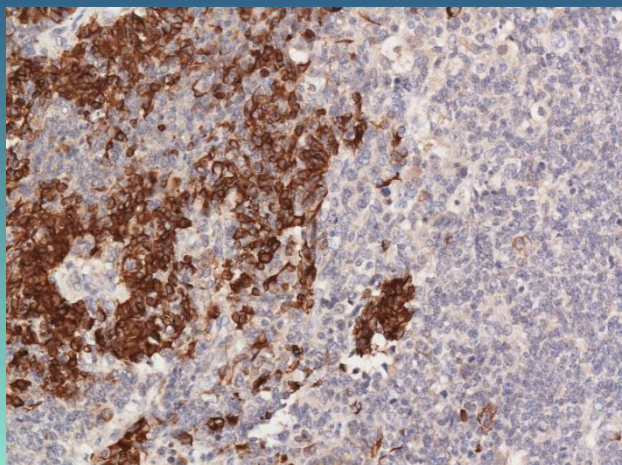
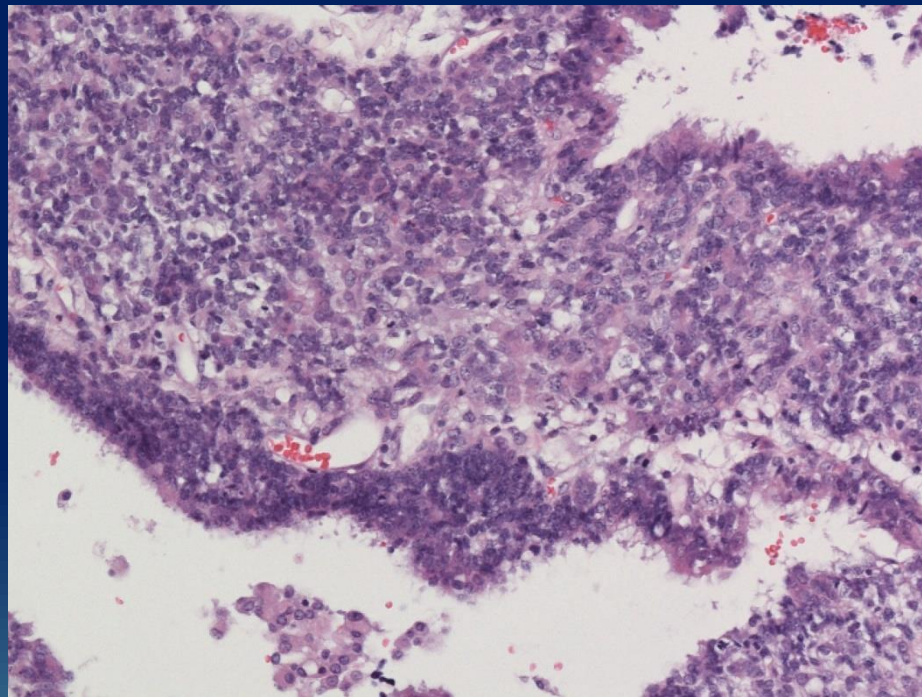
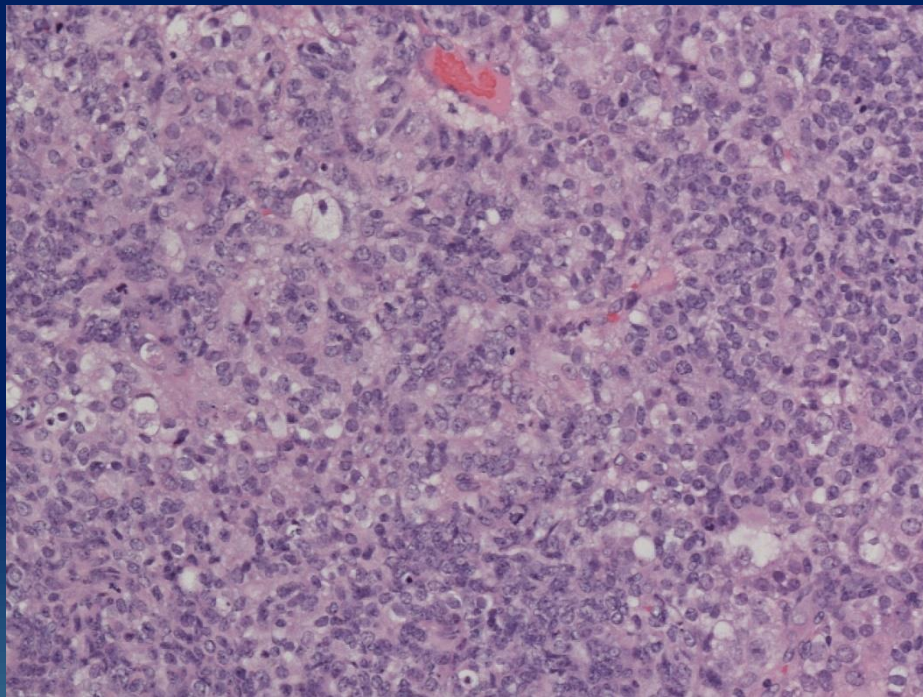
GFAP



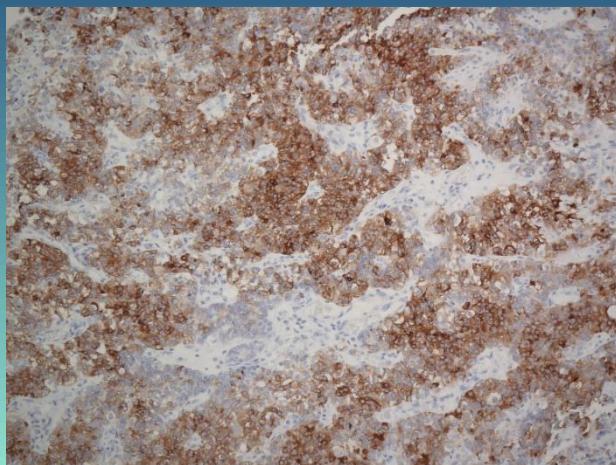
Case 4: 10m Hydrocephalus due to post fossa tumour



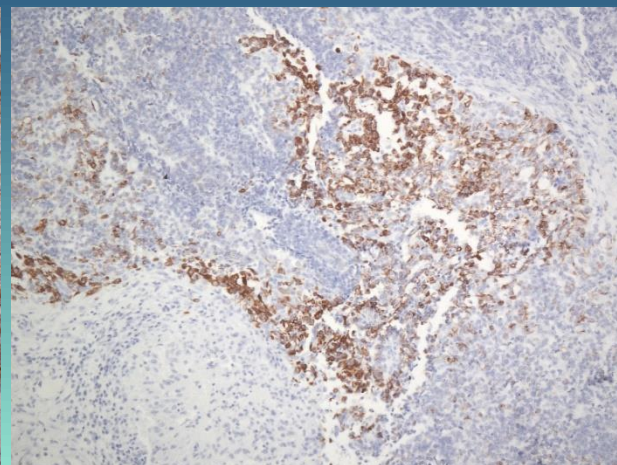
Case 5: 1m 2/12 vomiting and weight loss



GFAP

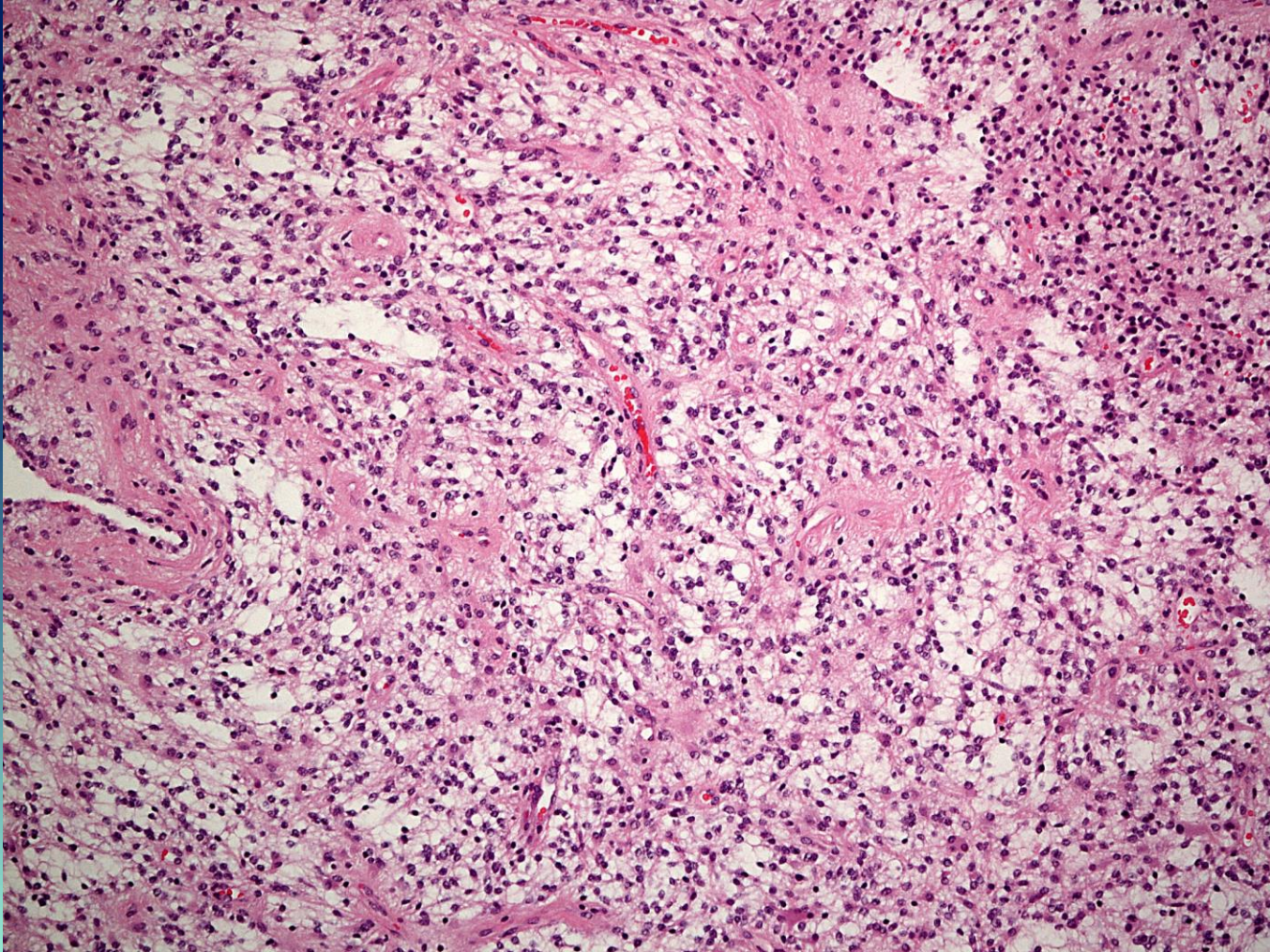


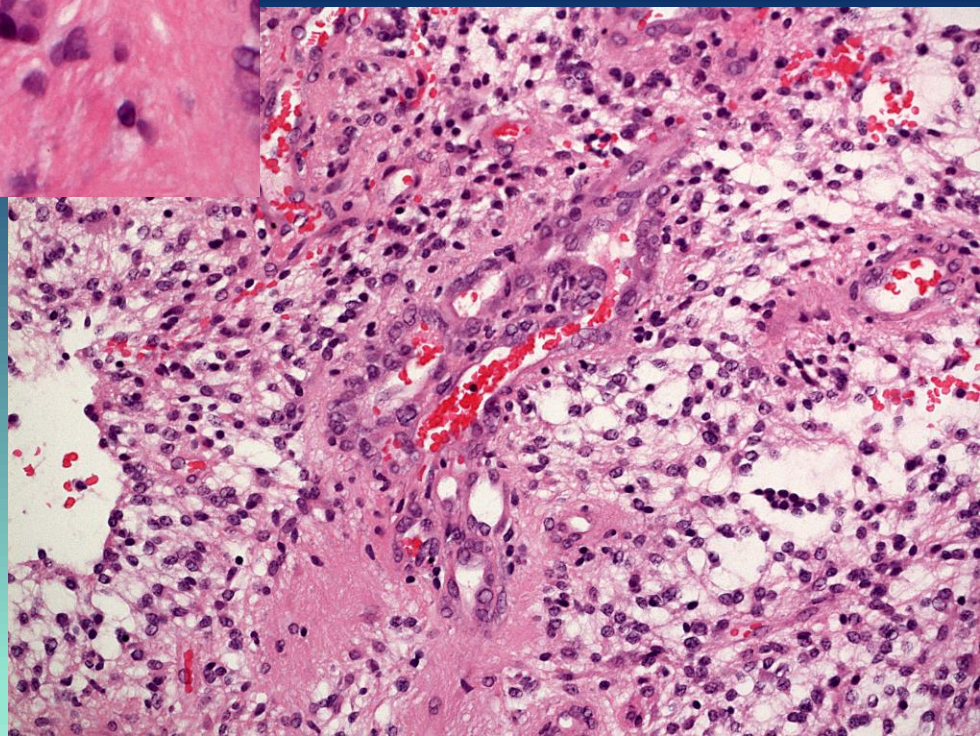
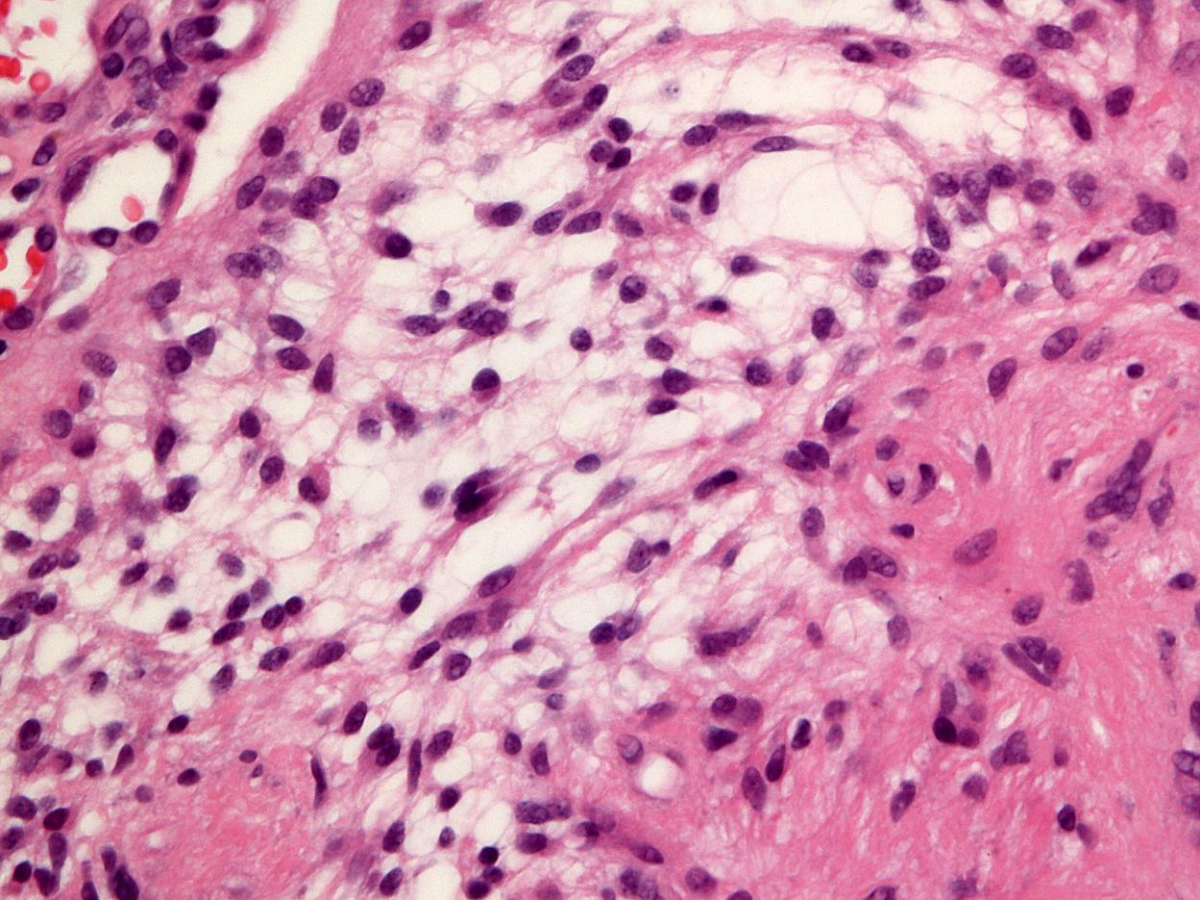
Synaptophysin



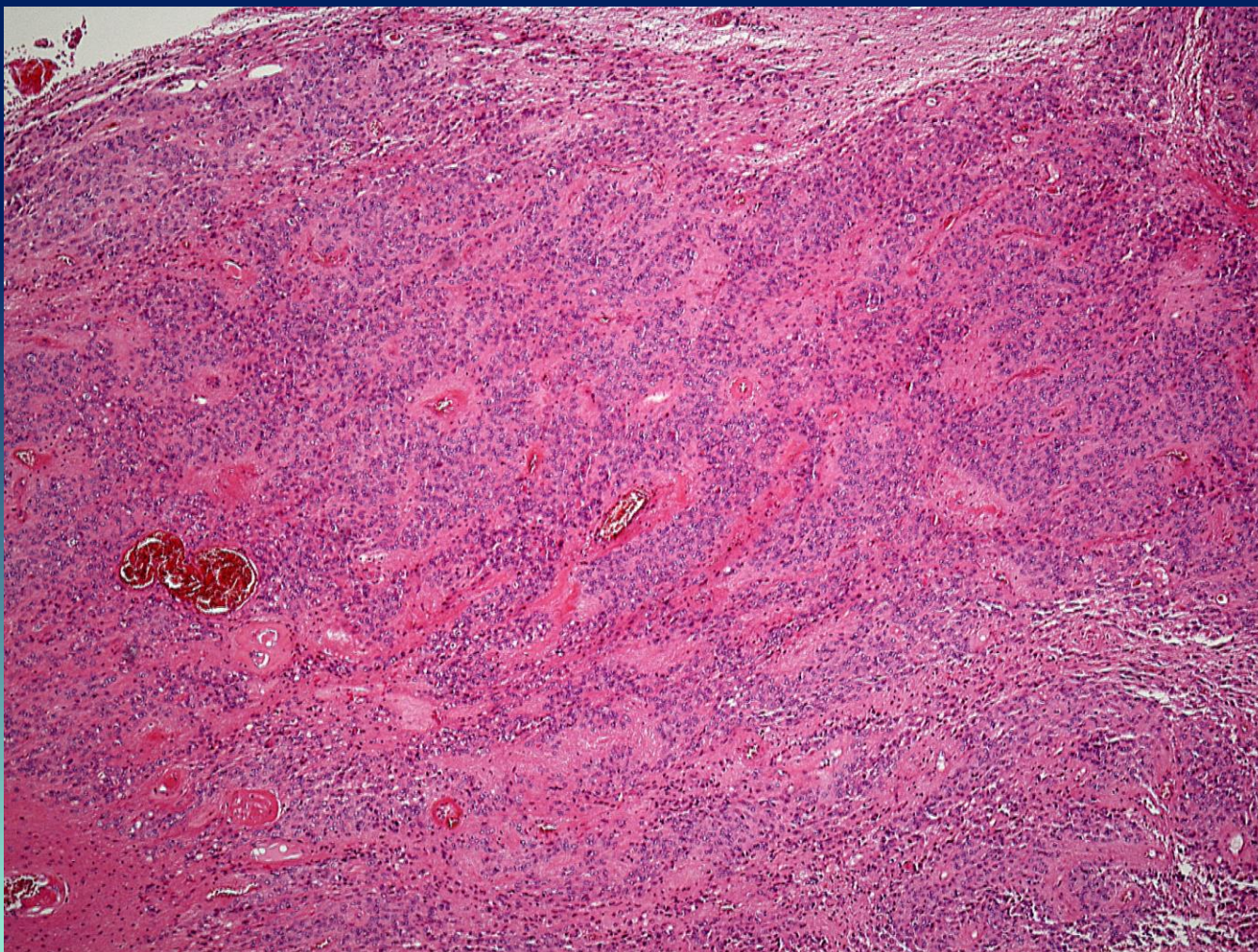
Cam5.2

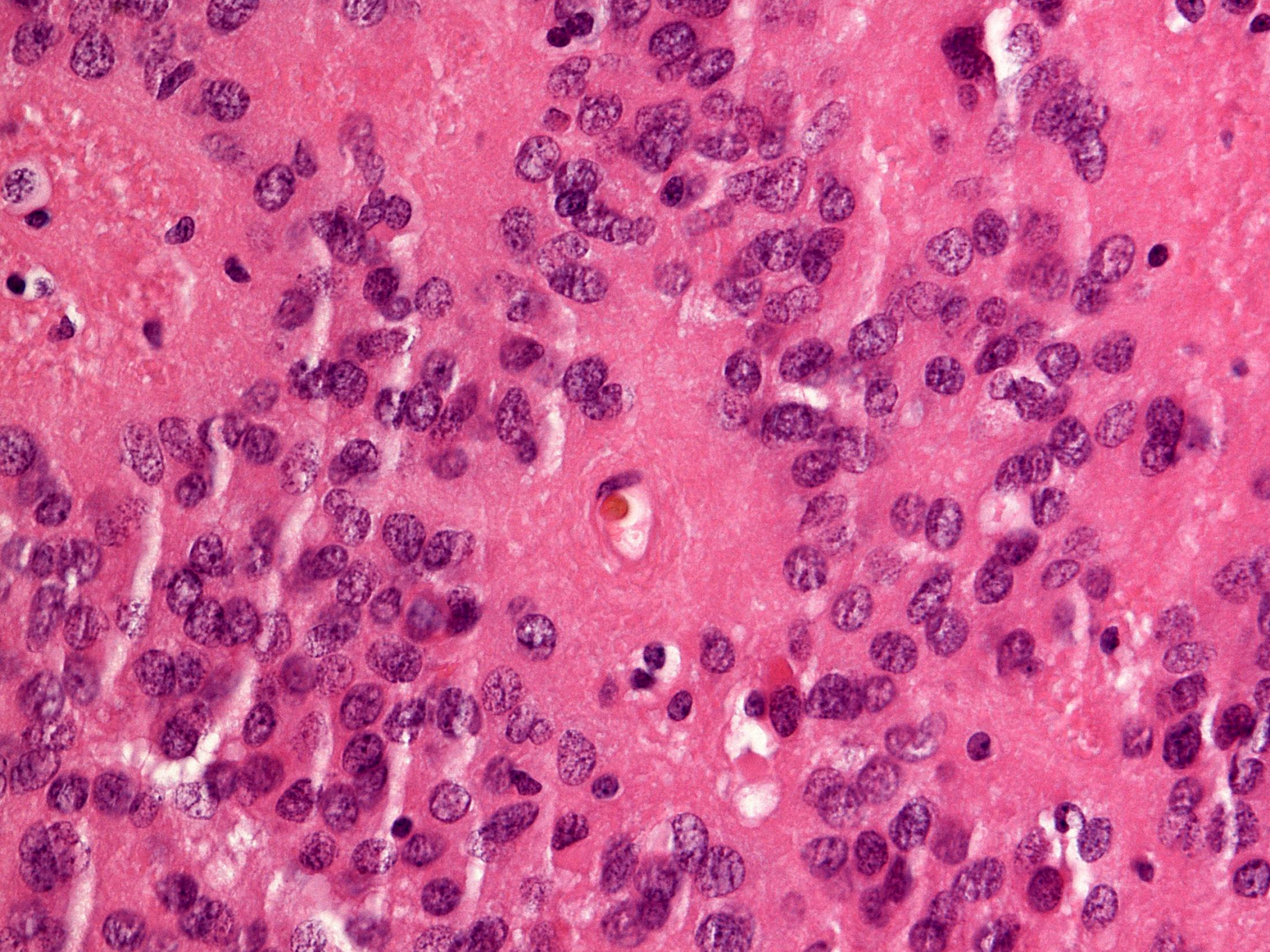
Case 6: 5f Cystic midline cerebellar tumour



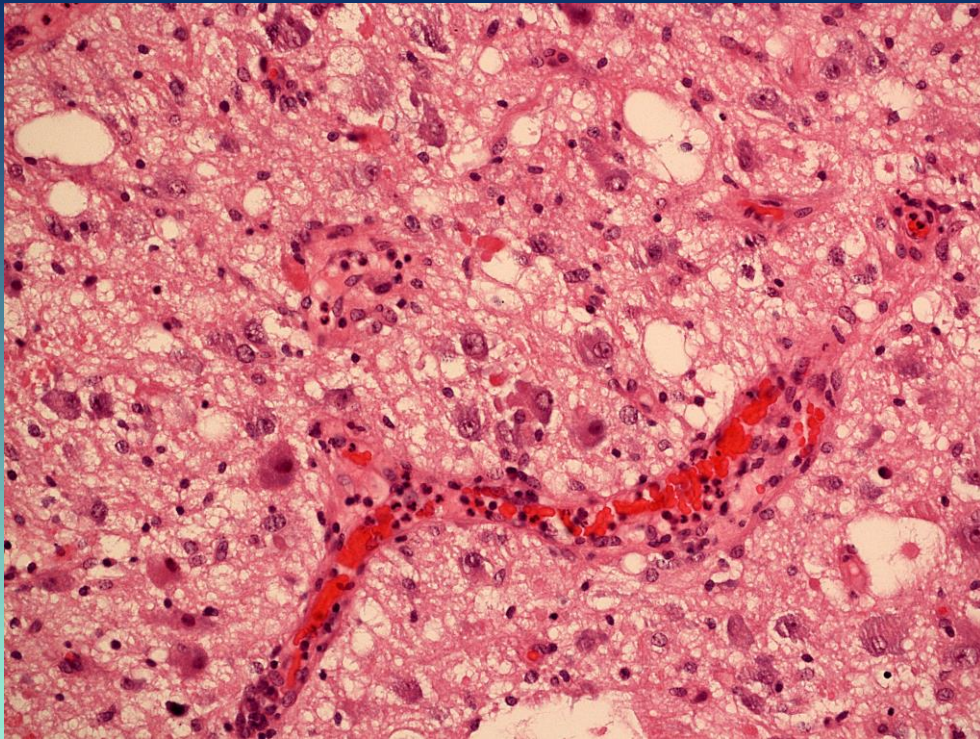
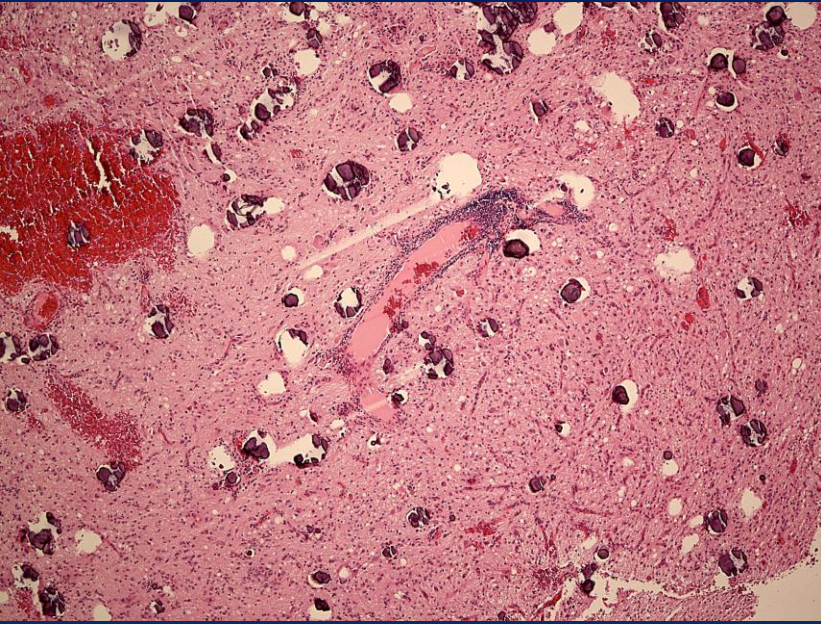


Case 7: IVth ventricular lesion

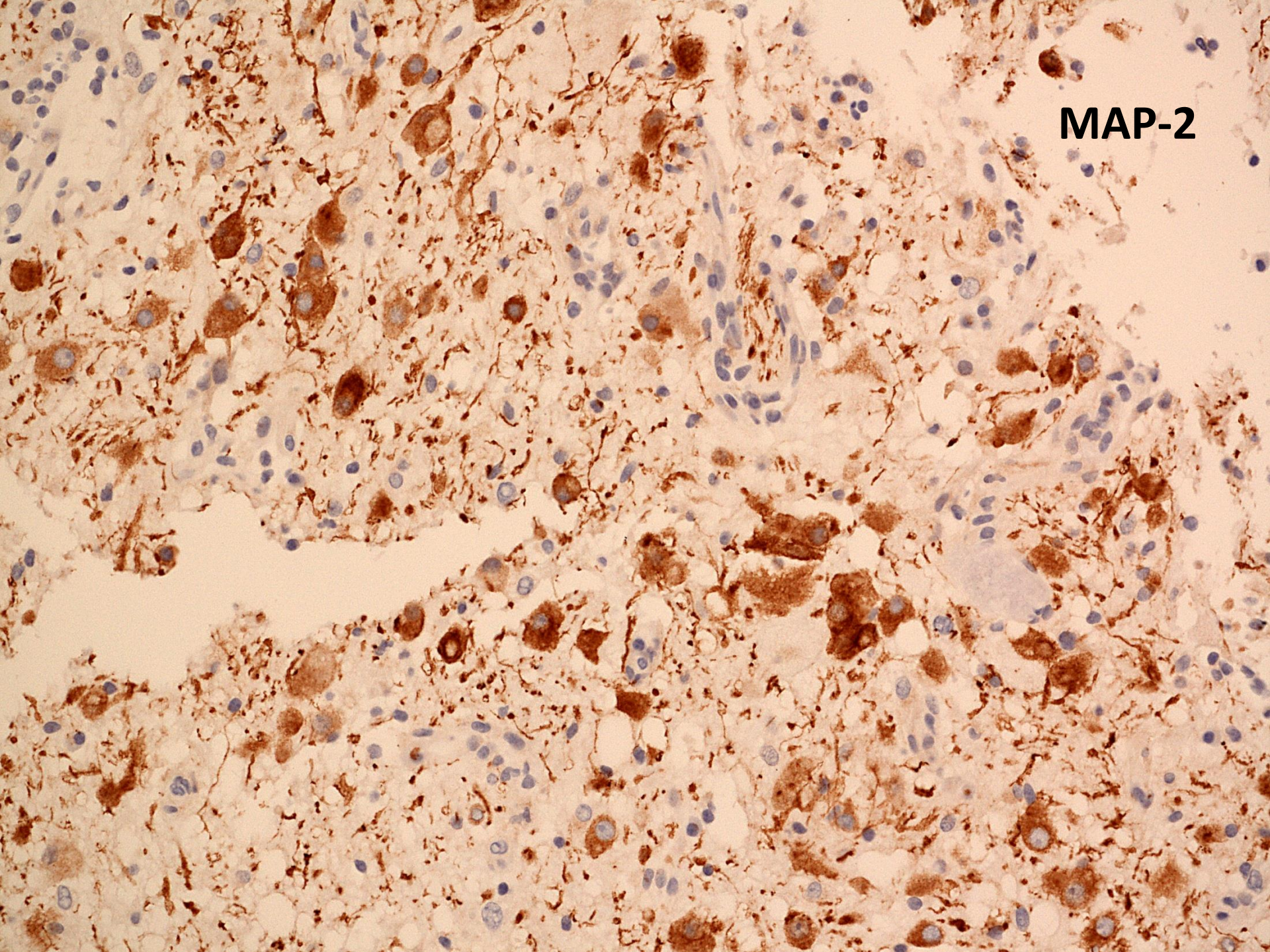




Case 8: 15f Medically intractable epilepsy. Tumour L medial temporal lobe/hippocampus



MAP-2



CD 34

