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THE EFFECTIVE OF BRAIN CANCER AND XAY BETWEEN THEORY AND IMPLEMENTATION

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ABSTRACT: *Illustrate malignant tumors that form either in the brain or in the nerves originating in the brain. Brain cancer does not frequently spread to outside of the central nervous system . The CNS is the part of the nervous system that includes the brain and spinal cord. Primary brain cancer makes up to 4 % of all new cancer cases in adults and is the second most common form of childhood cancer. Primary brain cancer is the leading cause of cancer deaths in children and is the third most common cause of cancer deaths in adults aged 13 - 24.*

KEYWORD: CNS, nerves originating , brain , cause of cancer.

INTRODUCTION

tomography (CT), magnetic resonance imaging and various advanced MRI techniques like perfusion MRI and dynamic susceptibility contrast (DSC) MRI play a vital role in brain tumour assessment. In this chapter, we will summarize the current clinical applications of Computed Tomography, gadolinium contrast agents in neuro-imaging, contained contrast-enhanced MRI, perfusion-weighted imaging and positron emission tomography (PET) for calculate of brain tumour lesions. and will also discuss the advantages and limitation of each modality with respect to answering the specific clinical.

Magnetic resonance imaging (MRI) scan

MRI scans is very good for looking at the brain and spinal cord and are considered the best way to look for tumors in these areas. images they provide are usually more detailed than those from CT scans (described below). they do not image the bones of the skull as well as CT scans and therefore may not show the effects of tumors.

Grade 1 and 2 tumours is low grade, slow growing, relatively contained and unlikely to spread to other parts of the brain. also less chance of them returning if they can be completely removed.

sometimes still referred to as ‘benign’. The term ‘benign’ is less used nowadays as it is not thought to be helpful in describing the tumour. These low grade brain tumours can still be serious. This is because the tumour can cause harm by pressing on and damaging nearby areas of the brain, due to the limited space capacity of the skull. They can also block the flow of the cerebrospinal fluid (CSF) that nourishes and protects the brain, causing a build-up of pressure on the brain.

Grade 3 and 4 tumours fast growing and can be referred to as ‘malignant’ or ‘cancerous’ growths. They are more likely to spread to other parts of the brain (and rarely the spinal cord) and may come back, even if intensively treated. They cannot usually be treated by surgery alone, but often require other treatments, such as radiotherapy and/or chemotherapy.

tumours contain a mixture of cells with different grades. The tumour is graded according to the

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highest grade of cell it contains, even if the majority of it is low.

Several factors influence the decision as to which treatment will best help you. A team of specialised health professionals will consider your individual diagnosis and take account of factors, such as the size and location of the tumour, the type of tumour you have and how quickly it is growing. They will also consider your age and general health.

Surgery will often be used to remove as much of the tumour as possible. This will help to reduce pressure on the brain caused by the impaired flow and accumulation of the CSF, the tumour itself or by the brain's reaction to its growth (cerebral oedema). It is increased pressure that can cause some of the symptoms.

However, depending on where in the brain the tumour is, surgery is not always possible or necessary. Sometimes, it would be too risky to operate as the tumour may be very close to, or wrapped around, an important part of the brain, such as the brain stem, and the benefits of surgery would be outweighed by the dangers. In other cases, such as with very slow growing, low grade brain tumours, problems with increased pressure may not develop, so you may not need surgery straight away or not even at all. *(For more information, see our Neurosurgery and Watch and wait fact sheets).*

INTRODUCTION OF THE NANOPARITICLES INTO THE TUMOR

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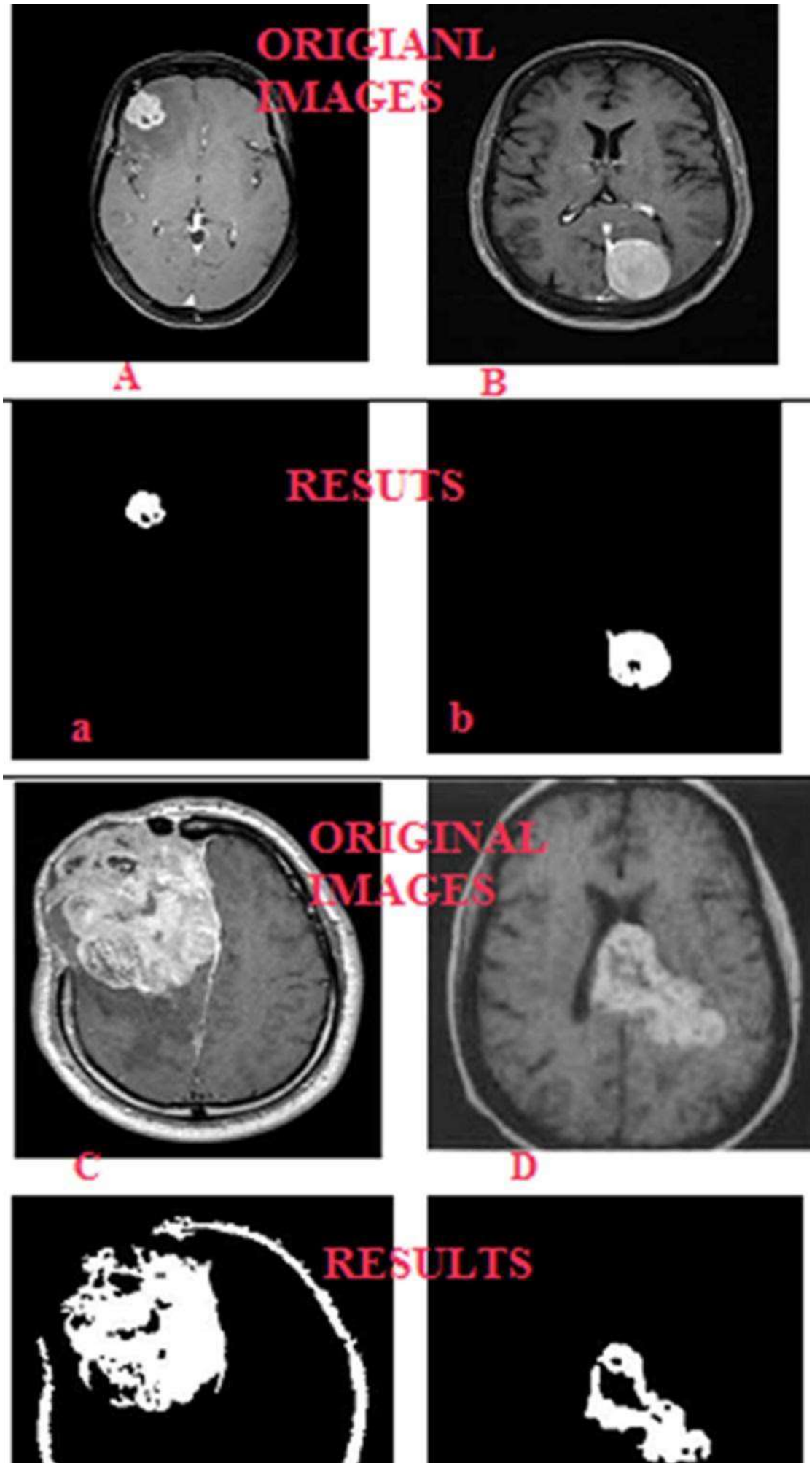
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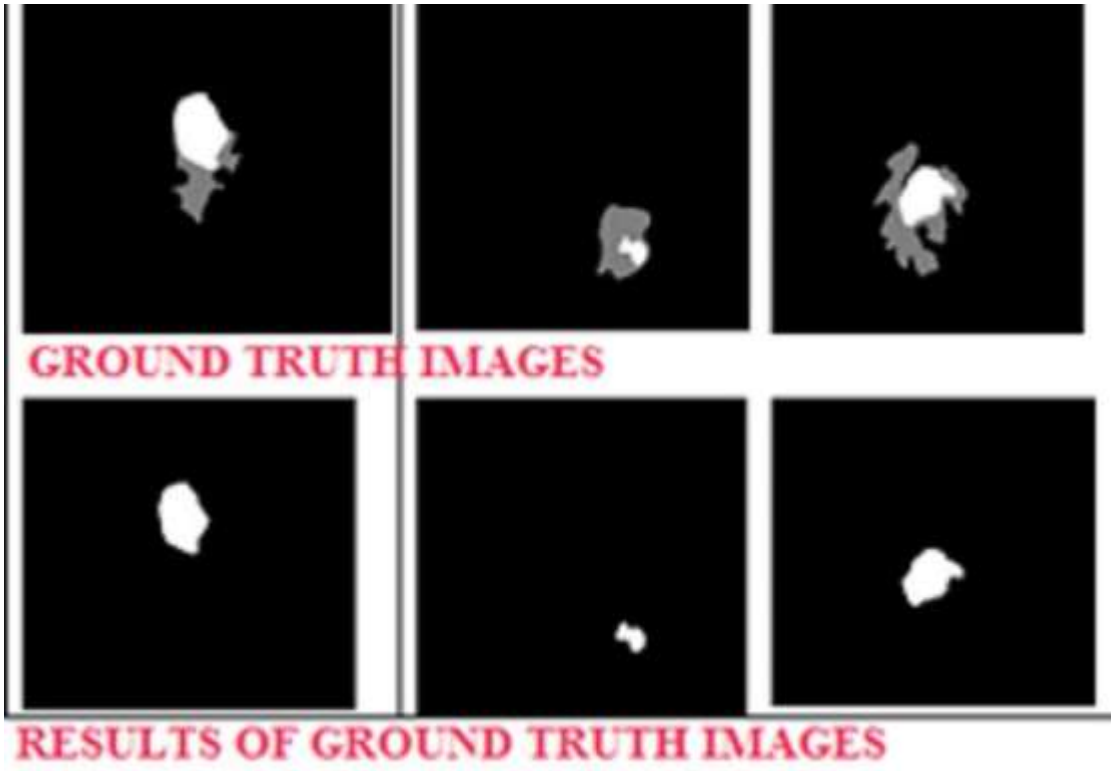

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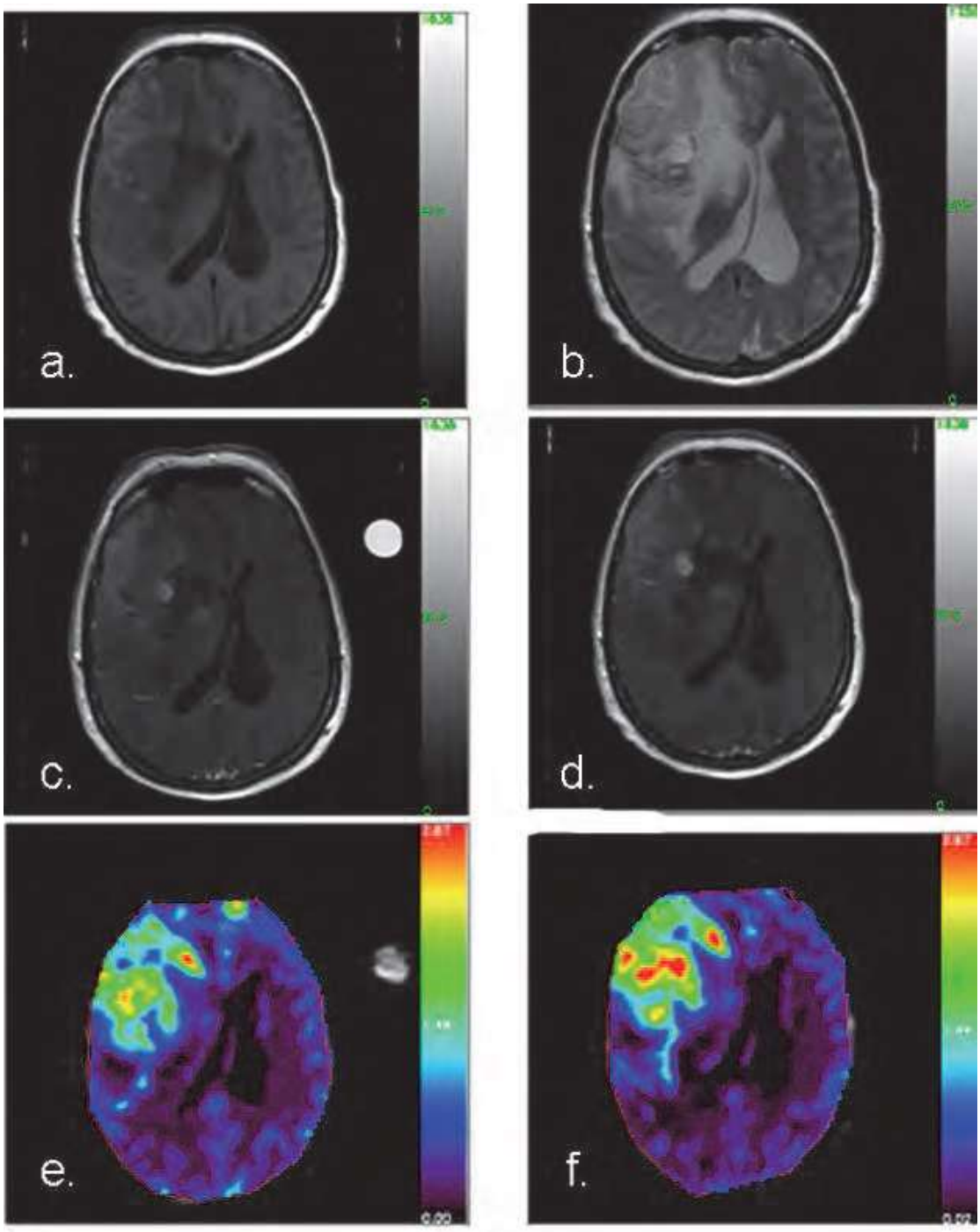

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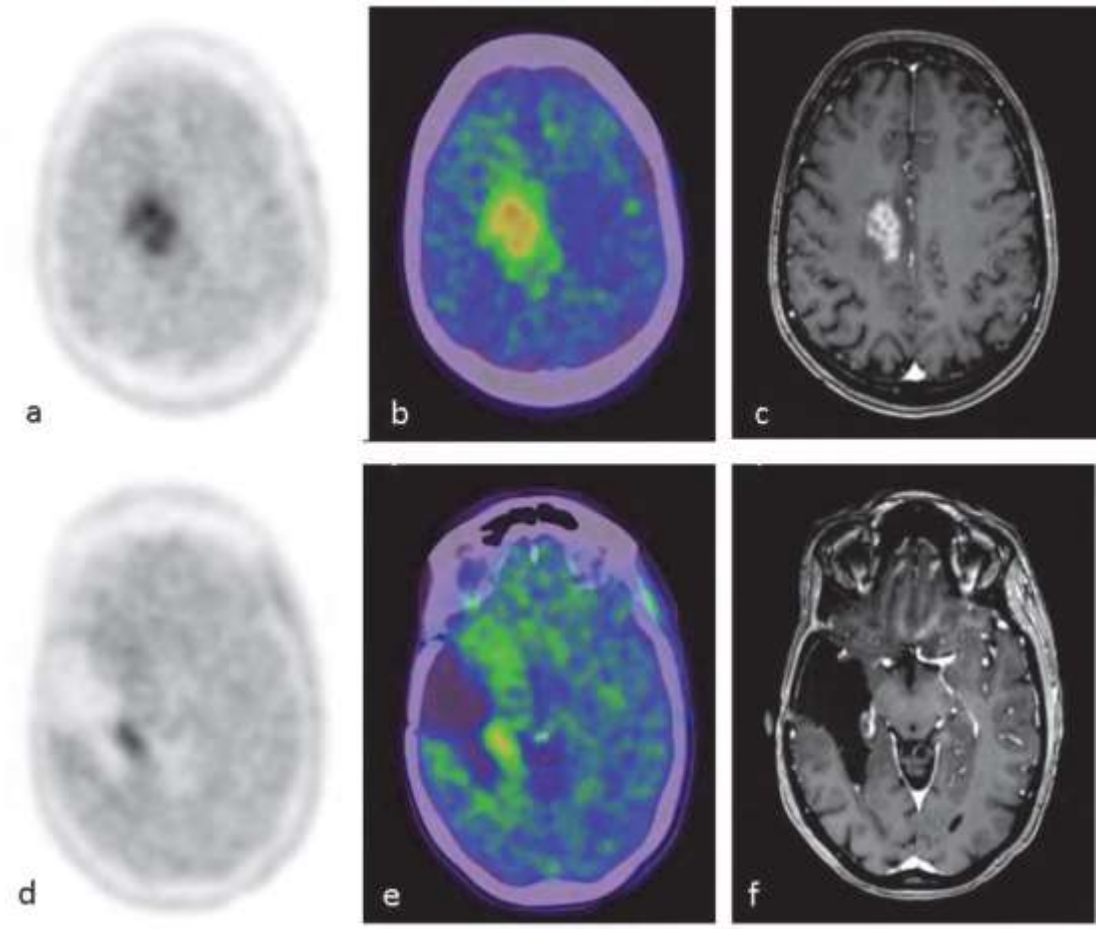

various structural features which is of interest to radiologist in answering critical question in tumour assessment:

- contrast with respect to normal brain parenchyma
- structure, margins, extent of perifocal edema
- tumour signs (compression syndrome, midline shift etc.)
- vascularity, main vessels supplying the tumour and its course

Degree contrast enhancement.

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CONCLUSION

Either liver transplant or liver cancer surgery can begin once a person has fallen sick critically owing to liver damage. symptoms can be the following- • yellowing of the skin, eyes and tongue commonly known as Jaundice is one of the most common indications that implies that liver cancer surgery begin immediately • Abdominal pain • Sudden loss of weight • Swollen abdomen due to enlarging of liver • Fatigue • Nausea • Vomiting sensation • Constant fever is a usual sign that one shouldn't ignore • Hepatitis B Liver is a vital organ of a human body and if liver cancer is the result, cancer treatment in India is our specialty. Liver transplant is not conducted by India Heath Help or any best hospitals for cancer treatment under the following conditions - • patient is too old • Diagnosed with HIV • Patient has any heart disease • Brain death occurs •

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