Pineal region tumor clinical features

- Machine learning decision support model construction for craniotomy approach of pineal region tumors based on MRI images
- Reclassification of pineal tumor as high-grade astrocytoma with piloid features through methylation profiling: illustrative case
- Clinical, pathological, radiological features and prognosis of epithelioid glioblastoma: a retrospective single center study
- A rare case of pineal astrocytoma with hemorrhagic changes: Diagnostic and surgical challenges
- Pineal Region Angiolipoma Resection by Supracerebellar Infratentorial Endoscopic Approach: A Case Study
- The Clinical and Molecular Landscape of Rosette-Forming Glioneuronal Tumors
- Identification of clinical prognosis features and significant DNA methylation regulation in pineoblastoma
- Mature congenital intraventricular intracranial teratoma: A case report and literature review

Almost all patients have hydrocephalus by the time of presentation, causing typical signs and symptoms of headache, vomiting, lethargy, memory disturbance, abnormally increasing head circumference in infants, and seizures.

Parinaud's syndrome, or sylvian aqueduct syndrome, may be present.

Precocious puberty may occur only in boys with choriocarcinomas or germinomas with syncytiotrophoblastic cells, due to luteinizing hormone-like effects of β-hCG secreted in the CSF.

Suprasellar germ cell tumor: triad of diabetes insipidus, visual deficit, and panhypopituitarism.

Pineal Region Tumor Hydrocephalus

see Pineal Region Tumor Hydrocephalus.

Parinaud syndrome

Parinaud syndrome.

Radiculopathy-Myelopathy

Drop metastases from CSF seeding can produce radiculopathy and/or myelopathy.