

Pathology of Embryonal Tumors

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EDITORIAL

Embryonal tumors of the central nervous system (CNS) include a heterogeneous group of immature-appearing neoplasms that are highly cellular and mitotically active, thus having a superficial resemblance to the developing nervous system. These highly malignant tumors most often arise in children and not only invade nervous tissue but also can disseminate in the cerebrospinal fluid (CSF) and subarachnoid space.

Medulloblastomas is the most common type of embryonal tumor, these fast-growing cancerous brain tumors start in the lower back part of the brain, called the cerebellum. The cerebellum is involved in muscle coordination, balance and movement.

Embryonal tumors with multilayered rosettes (ETMRs) rare tumors that are cancerous, ETMRs typically occur in infants and young children. These aggressive tumors most often start in the largest part of the brain, called the cerebrum, which controls thinking and voluntary movement.

Medulloepitheliomas. These rare, fast-growing cancerous tumors typically occur in the brain or spinal cord of infants and young children.

DIAGNOSIS

The process of diagnosis usually starts with a medical history review and a discussion of signs and symptoms.

Neurological exam during this procedure, vision, hearing, balance, coordination and reflexes are tested. This helps determine which part of the brain might be affected by the tumor.

Imaging tests can help determine the location and size of the brain tumor. These tests are also very important to identify pressure or blockage of the CSF pathways.

TREATMENT

Treatment for embryonal tumors depends on the patient's age (typically babies and young children), tumor type and location, tumor grade and extent, and other factors.

Surgery to relieve fluid buildup in the brain some embryonal tumors may grow to block the flow of cerebrospinal fluid, which can cause a buildup of fluid that puts pressure on the brain.

Surgery to remove the tumor a pediatric brain surgeon (neurosurgeon) removes as much of the tumor as possible, taking care not to harm nearby tissue.

Radiation therapy a pediatric radiation oncologist administers radiation therapy to the brain and spinal cord using high-energy beams, such as X-rays or protons, to kill cancer cells.

Chemotherapy uses drugs to kill tumor cells. Typically, children with embryonal tumors receive these drugs as an injection into the vein (intravenous chemotherapy).

Clinical trials enroll eligible participants to study the effectiveness of new treatments or to study new ways of using existing treatments, such as different combinations or timing of radiation therapy and chemotherapy. These studies provide a chance to try the latest treatment options, though the risk of side effects may not be known. Talk with your doctor for advice.

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