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Editorial to Special Issue

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Editorial to Special Issue

Dear reader,

EANO Magazine is turning into the fourth year of its existence and serves the purpose of an educational tool, designed to distribute interdisciplinary and multiprofessional knowledge among the neuro-oncologic community based on the open access format. The main content is review articles devoted to all aspects of brain tumours and also brain metastases. We also appreciate the informative content of individual cases and we are glad to also have columns on nurses and health-related groups as well as patient issues, among others.

The download numbers of articles are as high as 1000–2000 downloads and even 6600 for a review article on chemotherapy-induced toxic neuropathies.

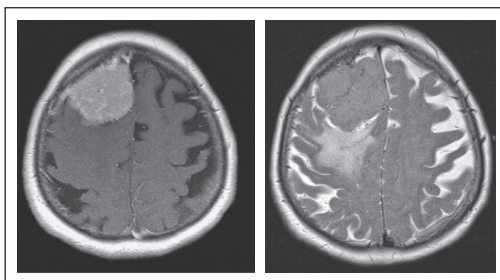


Figure 1. Meningeoma.

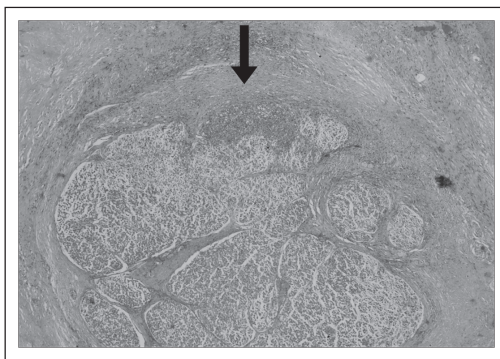


Figure 2. Infiltration of a trigeminal branch in the cavernous sinus by a gliosarcoma (arrow).

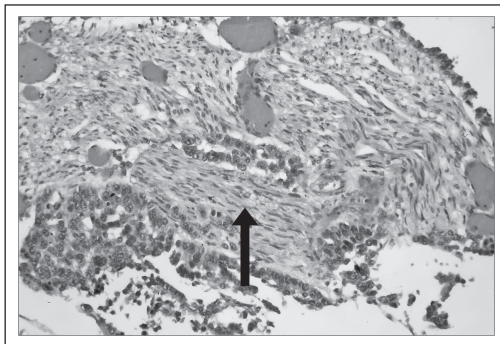


Figure 3. Spinal nerve root in a patient with lung cancer. Tumour tissue within the nerve root (arrow).

Time has come to provide a platform for special topics and we are trying to invite and engage knowledgeable colleagues worldwide to supply us with contributions. We have currently planned 2 special topics within our magazine, which will include articles that go beyond the usual knowledge attached to specific diseases addressed. The present issue 3/2013 focuses on aspects of meningiomas (Figure 1), which account for about $\frac{1}{3}$ of intracranial tumours, and can present with various different aspects, such as incidental finding, recurrence, malignancy, and topographical distribution, as well as aspects of treatment, which can be surgical, radiotherapy and last but not least we have many unresolved issues in drug therapy.

The next special issue will cover aspects of nerve infiltration by malignant tumours. This can occur within the skull, not infrequently when the nerve passes through the skull and in the tissues and cavities around the skull, most notably in the next region (Figures 2, 3). Infiltration is not a homogeneous process and can result from compression, nerve metastasis, or infiltration. Nerve infiltration can also lead to a retrograde spread of the tumour tissue, which has been described not only in tumours of the ENT region but also of the face. The issue of affection of autonomous nerves has become a prognostic factor in some intestinal tumours, spread of tumour tissue into the brachial sacral plexus is a matter of daily clinical practice, and accumulation of knowledge may serve the purpose of improving diagnosis, treatment, and prognosis.

We hope that such special issues will teach us additional aspects of diseases, treatments, and conditions in neuro-oncology, and we will gladly accept suggestions for special topics for our upcoming issues, which will appear quarterly from

2014. Please do not hesitate to make suggestions on special topics, give us a short outline what makes the topic so special, and also suggest experts in the field.

Riccardo Soffietti, MD
EANO President (2012–2014)

Wolfgang Grisold, MD
Managing Editor