Presenting Symptoms of Brain Tumours by Sub-Specialty

**Psychiatry**
- Anorexia
- Behavioural change
- Depression
- Psychosis

**Community**
- Developmental delay
- Developmental regression
- Increasing head circumference

**Neurology**
- Seizures
- Motor weakness
- CN palsies
- Ataxia/cerebellar
- Focal neurological deficits

**Psychiatry**
- Anorexia
- Behavioural change
- Depression
- Psychosis

**Endocrinology**
- Growth problem
- Hypo-pit/pituitary dysfunction
- Diabetes insipidus
- Precocious or delayed puberty
- Menstrual irregularities
- Galactorrhoea
- Gynaecomastia
- Cushing's
- Obesity/weight gain

**Ophthalmology**
- Papilloedema
- Decreased visual acuity
- Nystagmus/parinauds
- Diplopia
- Squint
- Visual field defect
- Blindness
- Ptosis
- Proptosis
- Ocular palsies
- Ophthalmoplegia

**Respiratory**
- Recurrent chest infections
- Apnoeas

**Ear, nose and throat**
- Dizziness
- Vertigo
- Torticollis
- Head tilt
- Hearing loss
- Tinnitus

**Gastroenterology**
- Nausea and vomiting
- Abdominal pain
- Reflux
- Failure to thrive
- Dysphagia

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A young child with hydrocephalus caused by a brain tumour will have an increasing head circumference and developmental delay or regression.

A young child with hydrocephalus caused by a brain tumour will have persistent vomiting. In infants where the sutures are not yet fused there will be no other signs of hydrocephalus aside from macrocephaly.

A supratentorial cortical tumour will present with focal neurological signs such as weakness.

Central tumours such as optic pathway glioma are slow growing and will present with progressive visual symptoms that may present to an ophthalmologist.

Central tumours such as a craniopharyngioma are slow growing and will present with abnormal growth or precocious or delayed puberty. These children may also have visual symptoms.

Head tilt or torticollis can be caused by a posterior fossa tumour. These symptoms may present to ENT specialists as head tilt and torticollis have other common ENT causes.

Recurrent respiratory infections can occur secondary to aspiration caused by a bulbar palsy. This MRI shows a brainstem tumour which causes cranial nerve palsies.

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