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Editor Note

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Introduction

In the latest issue of *Journal of Brain Tumors and Neurooncology* (Vol. 1, Issue 2), Turgut and colleagues comment on a non-canonical role for melatonin, one where the hormone has been shown to have anti-angiogenetic and immunomodulatory roles, fueling an interest in melatonin as a putative anti-cancer agent, adjuvant to mainstay therapy.

Tibdewal et al. present results from a clinical study of 221 lung cancer patients with brain metastasis. The team shows that although patients with lung cancer having a poor outcome, Graded Prognostic Assessment, nor Recursive Partitioning Analysis, could accurately predict 30-day mortality.

Sartor et al. present a case study of a 63-year old female presenting with an extracranial meningioma leading to superior 'vena cava syndrome'. In this case, limited surgical options were available given the extent of tumor growth into critical vascular structures, despite any pathological evidence of malignancy. Despite radiation therapy stabilizing and decreasing tumour size, the rapid, extensive and extracranial nature of the recurrence, suggest a poor prognosis.

Odia Y and Kresis TN present a first known case study of a 75-year old female presenting with a recurrent primary CNS lymphoma with central neurogenic hyperventilation (CNH). Despite half of the clinically-observed CNH occurs in primary CNS lymphoma, manifestation in recurrent lymphoma is very rare. Although CNH symptoms resolved after intensive chemotherapy, tumor remission was brief following radiotherapy and the diseased progressed.

Krishnaiah et al present a case study of a rare benign tumour called 'intraneural perineurioma', typically affecting teenagers and young adults. The authors conclude that such tumours should be included in the differential diagnosis of focal neuropathy and where imaging and electro diagnostic studies can be useful modalities to indicate the presence of an intraneural neoplasm.

Finally, Hernando Rafael describes a case report of a 42-year old male who suffered motor impairment in his limbs since the age of 17. Five years later, the patient presented with pain and was diagnosed with a giant intramedullary tumor, occupying the majority of the cervical cord. Pathological review confirmed cellular ependymoma. The tumor was surgically resected and at 56-months post-surgery, the patient can walk un assisted with the aid of cane, although throughout the post-operative period, the patient suffered moderate to severe central pain in limbs and chest.