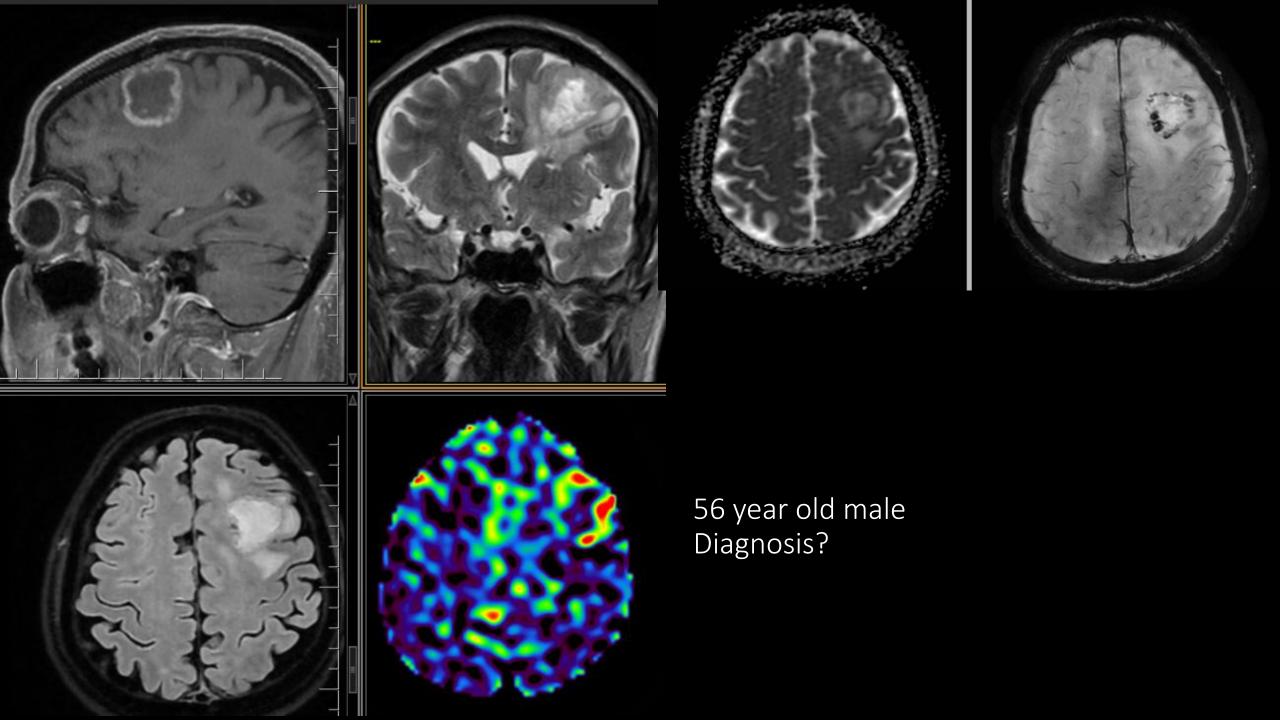
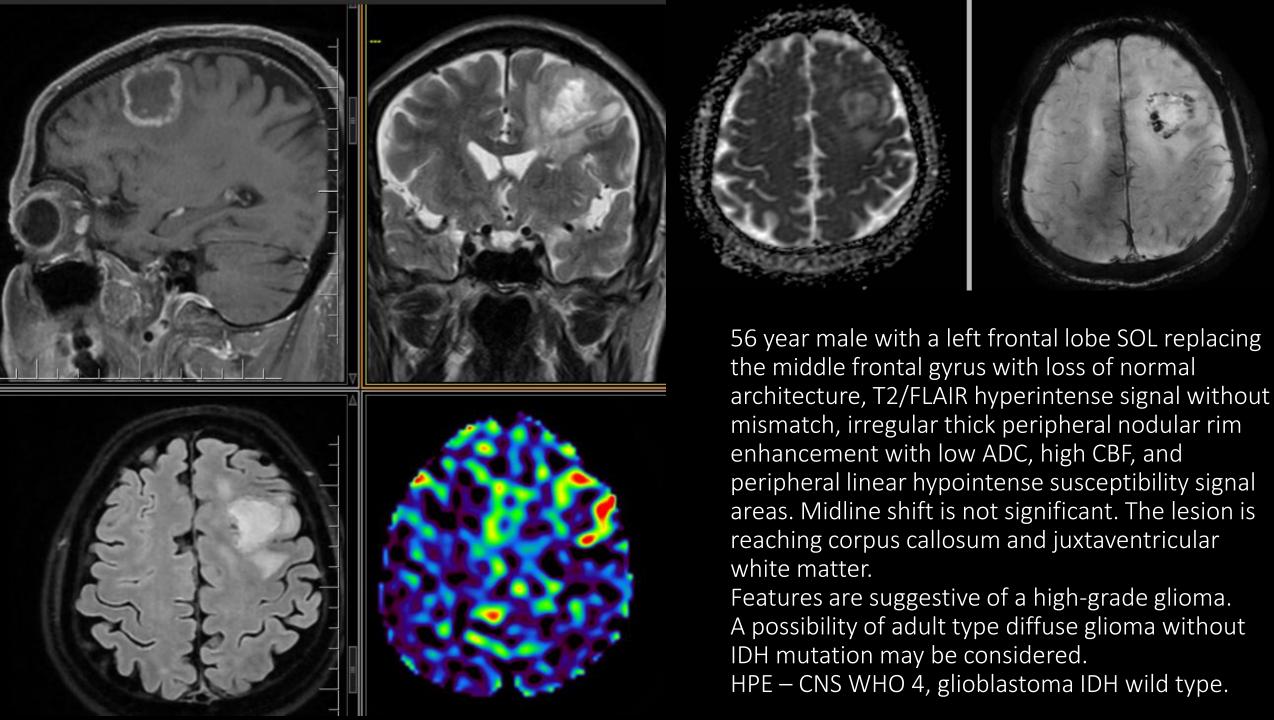


## SJMCH, Bengaluru Contributor of the Series





## Glioblastoma / Diffuse glioma

A highly aggressive, WHO grade-4 diffuse astrocytic tumour in adults, lacking IDH mutations. Often shows TERT promoter mutation, EGFR amplification, or +7/–10 chromosomal pattern.

**Epidemiology:** Most common malignant primary brain tumour in adults, peak age 65–75 years, slight male predominance.

**Imaging:** Large, irregular ring-enhancing mass with central necrosis and extensive surrounding edema; often crosses corpus callosum.

**Histology:** Highly cellular with marked pleomorphism, frequent mitoses, microvascular proliferation, and palisading necrosis.

**Diagnosis:** Requires diffuse astrocytic tumour in an adult plus IDH-wildtype status and either necrosis/microvascular proliferation or molecular hallmarks above.

**Prognosis:** Poor; median survival ~12–15 months despite treatment. Younger age, good performance status, gross total resection, and MGMT promoter methylation improve outcomes

Treatment: Maximal safe surgical resection followed by radiotherapy plus temozolomide (Stupp protocol); clinical trials explore novel therapies.

## Contributors

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