

Nanotechnology in Neurosurgical Practice

Ashraf El Badry* and Mohamed Abdelbari Mattar

Neurosurgery MD, Department of Neurological Surgery, School of Medicine, Mansoura University, Egypt

*Corresponding Author: Ashraf El Badry, Neurosurgery MD, Department of Neurological Surgery, School of Medicine, Mansoura University, Egypt.

Received: February 18, 2017; Published: April 01, 2017

Abstract

The recent methods in medicine let toward invasive procedures for medical diagnosis and surgery minimally, thus will end up being aided by incorporation of applications of nanotechnology. The neurosurgery practice will be reduced as intervention techniques by the new revolution of nanoscience and its applications. Nanotechnology has emerged as an extraordinary tool of treating neurological disease, with major alternation in managing the CNS-targeted neurotherapeutics as have been in the during the past. This open new house windows in remedies for CNS diseases regardless of limited therapeutic options for the clients with neuropathology worldwide.

Reason for the scholarly study: to comprehend the idea of nanotechnology, show the progress of the science in neuro-scientific neurological surgery and the way the potential might alter neurosurgical practice.

Keywords: Nanotechnology; Neurosurgical Practice

Introduction

Neurosurgery down the road will witness a growing influx of novel systems. Additionally, the recent era of medicine and only minimally invasive diagnostic and surgical techniques will be augmented by revolution in applications of nanotechnology. The areas of nanotechnology and nanomedicine remain initially of its era however the new researches of nanoscience features rapidly expanded [28].

Definition

Nanotechnology (nanotech) may be the manipulation of subject on an atomic and molecular level or its manipulation one magnitude sized from 1 to 100 nanometers at least [25,26]. It competent to connect to cells and cells at microcellular level with an excellent specificity, involving innumerable areas of technology, including neurosurgery [78,84].

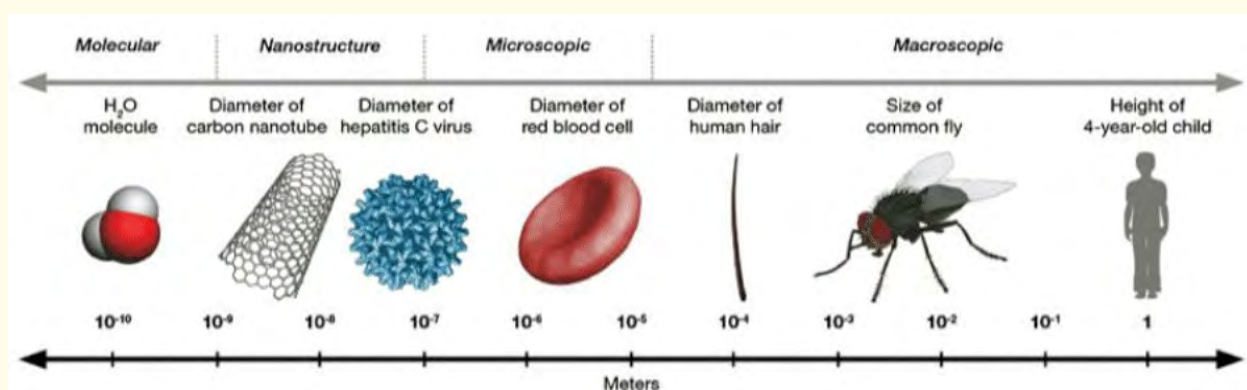


Figure 1a: Illustration of the level from macroscopic (right) to molecular (left). Sub microscopic nanoscale, my spouse and i.e. 10-7 to 10-9 meter. From Kateb., et al. 2011 [96].

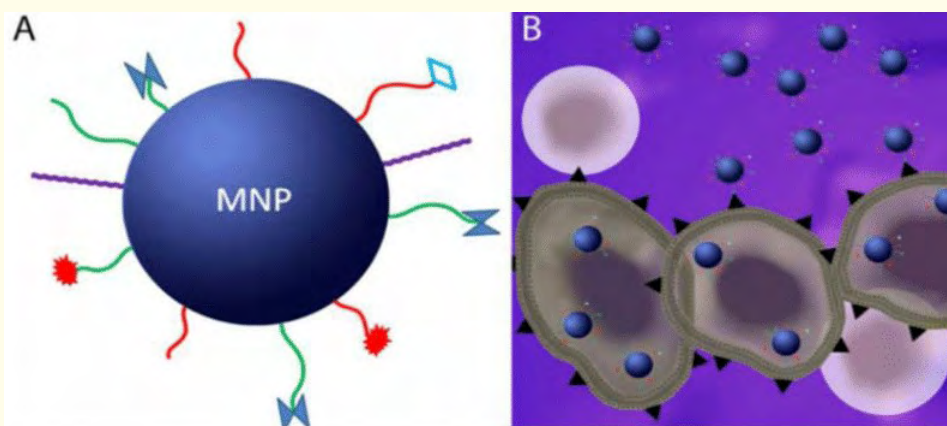


Figure 1b: The ranostic magnetic nanoparticles (MNPs) and tumor targeting A good., Illustration of a MNP with diverse functional groups on the top which authorize molecular targeting, imaging, promoted plasma circulation situations, and/or remedy. B., Illustration of MNPs assignment with particular tumor cell rather than usual cells (in pink). Internalization of MNPs is proven in cancer cells as well [62].

History of nanotechnology: The word of nanotechnology was initially pointed out in 1959 by famous physicist Feynman's analysis (There's A lot of Room in the bottom), conducted the likelihood of making via immediate modification of atoms. The term "nano-technology" was employed by Norio Taniguchi in 1974 for the very first time, though it had been not known widely. K. Eric Drexler individually used the word "nanotechnology" in his 1986 book.

For instance, the invention of the scanning tunneling microscope in 1981 provided unprecedented perspective of atoms and its own bonds evidently, and was used to improve individual atoms in 1989. The microscopes which have been promoted by (Gerd Binnig and Heinrich Rohrer) at Exploration Laboratory of IBM Zurich received a Nobel Prize in Physics in 1986 [10,71] commenced a new ear canal that reached a peak in 2000s, the scope stashed raised scientific, political, and commercial interest that resulted in both improvement and controversy [60]. Challenges were raised about the feasibility of applications envisioned by supporters of molecular nanotechnology, which sustained in a general public debate between Smalley and Drexler in 2001 and 2003 [61].

Basic concepts

Nanotechnology may be the engineering of devices at the molecular level to perform specific capabilities. One nanometer (nm) can be 1/billionth I actually.e.10-9 of just one 1 meter. Likening normal carbon-carbon relationship lengths, or the spacing between these atoms varied long between 0.12 to 0.15 nm, and a size is acquired by a DNA double-helix around 2 nm. Otherwise, the bacteria of the genus Mycoplasma, almost 200 nm in extension. The size Nanotechnology level roughly extend from 1 to 100 nm as defined by the united states National Nanotechnology Initiative. The minimal frontier is defined by how big is atoms (as hydrogen gets the smallest atoms). Since nanotechnology make its products from molecules and atoms upwards, the topmost border is normally practically the size that phenomena certainly not monitored in greater structures get started to be apparent and may found in the nano device [6,41,70].

Two main approaches are being used in nanotechnology. In the "bottom-up" path the construction of materials and products from molecular materials which accumulate themselves chemically by bases of molecular discrimination. In the "top-down" path, nano-things

are constructed from much larger entities without atomic-level domination. Zones of physics like nanoelectronics, nanomechanics, nanophotonics and nanoionics are suffering from during the previous couple of decenniums to give a simple scientific basis of nanotechnology. [77].

Nanomaterial

Several events become announced with reduce the size of the machine. Materials when minimized to the Nano size can alter its original macro properties, giving unique opportunity in extraordinary applications. For example, opaque chemicals changed to get transparent (copper); stable supplies transformed to become combustibile like lightweight aluminum [54].

Molecular nanotechnology

It could be called molecular making, describes engineered nanoscale devices working on the molecular level. When the word “nanotechnology” became famous by Eric Drexler (regardless of Norio Taniguchi described it before) it described another manufacturing technology predicated on molecular machine systems had been analyzed in Drexler’s book Nanosystems [23,24].

Another view, released by Carlo Montemagno, who postulated the near future nanosystems will get hybrids of silicon technology and biological molecular machines. Richard Smalley debated impossibility of mechanosynthesis because of the difficulties in mechanically manipulating individual molecules [86].

Nanotechnology offers an extremely interdisciplinary area of study together with basic and scientific neuroscience improvement: neurophysiology, neuro pathology, molecular biology of CNS; but also, products and chemistry of technology to set and mixture of particular nano-applications to the anxious system [78].

Practical mechanisms of nanotechnology with regards to medicine: Materials and gadgets could be proposed to connect to cells and cells at a molecular level, to create applications in physiology and remedies, with a higher accuracy in functional perfection via stage of amalgamation between technology and biological devices in new era [84]. By manipulating medications and other resources at the nanometer dimension we are able to change the essential features such as for example: [13]

alteration in bloodstream and solubility pool area retention time
controlled release over brief or long durations
delivers nonmaterial to particular targets by applications very

Applications of nanomaterials in medication: These applications comprise fluorescent biological tags, gene and drug allocation, bio-disclosure of pathogens, recognition of necessary protein, probing of DNA composition, cells engineering and tumor recognition [82]. Precise control and manipulation of Nano machinery in cells can cause better knowledge of biological types of procedures in living cells, also to reinforce technology developments, for the first diagnosis and treatment of varied conditions [53]. An (MRI) with hybrid probes of magnetic nanoparticles and adenovirus can discover concentrate on cells and supervise the delivery of certain gene and expression of green fluorescent proteins via optics [16].

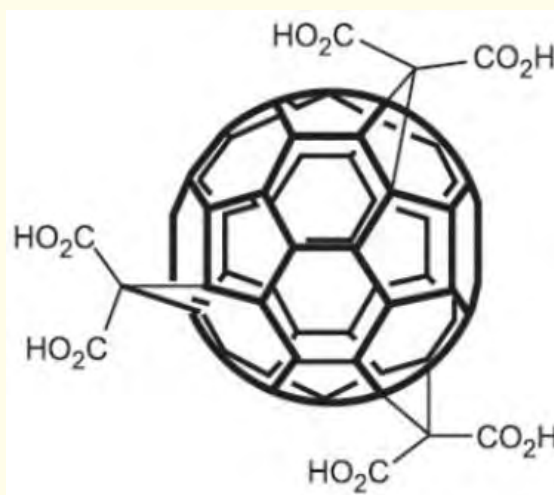


Figure 2: Buckminsterfullerene C60 as fullerene derivative structure make protective effect with carboxylic acid groups attached to cyclopropane carbons of the C60 molecule.

Trade name/compound	Manufacturer	Nanocarrier
Abraxane/paclitaxel	Abraxis Biosciences	Albumin-bound paclitaxel
Bexxar/anti-CD20 conjugated to iodine-131	Corixa/GlaxoSmithKline	Radioimmunoconjugate
DaunoXome/daunorubicin	Diatos (available in France)	Liposome
Doxil/Caelyx/doxorubicin	Ortho Biotech	Liposome
Myoset/doxorubicin	Cephalon (available in Europe)	Nonpegylated liposome
Oncaspar/PEG-L-asparaginase	Enzon	Polymer-protein conjugate
Ontak/IL-2 fused to diphtheria toxin	Eisai Inc	Immunotoxic fusion protein
SMANCS/zinostatin	Yamanouchi Pharma	Polymer-protein conjugate
Zevalin/anti-CD20 conjugated to yttrium-90	Cell Therapeutics Inc.	Radioimmunoconjugate
Zoladex/goserelin acetate	AstraZeneca	Polymer rods

Table 1: Approved anticancer drugs using nanocarriers [43].

PEG: Polyethylene Glycol; IL-2: Interleukin-2; SMANCS: Styrene Maleic Anhydride Neocarzinostatin

Approach	Examples
Nanoparticles	Nanoparticle formulations of anticancer drugs, for example, paclitaxel
Exosomes for cancer drug delivery	Dexosomes (exosomes produced by dendritic cells) as cancer vaccines
Nanoencapsulation and enclosure of anticancer drugs	Enclosing drugs in lipid nanocapsules
	Encapsulating drugs in hydrogel nanoparticles
	Micelles for drug delivery in cancer
Targeted delivery of anticancer therapy	Targeted drug delivery with nanoparticles
	Pegylated nanoliposomal formulation
	Folate-linked nanoparticles
	Carbon magnetic nanoparticles for targeted drug delivery
	Nanoparticle-aptamer bioconjugates
	Nanodroplets for site-specific cancer treatment
	Lipid-based nanocarriers
	Targeted antiangiogenic therapy using nanoparticles
	Nanoparticles for delivery of drugs to brain tumors
Combination of nanoparticles with radiotherapy	Combination with boron neutron capture therapy
	Nanoengineered silicon for brachytherapy
Combination with physical modalities of cancer therapy	Combination with laser ablation of tumors
	Combination with photodynamic therapy
	Combination with thermal ablation
	Combination with ultrasound
Nanoparticle-mediated gene therapy	p53 gene therapy of cancer
	Immunolipoplex for delivery of p53 gene
	Intravenous delivery of FUS1 gene
Combination of diagnostics and therapeutics	Nanoshells as adjuncts to thermal tumor ablation
	Perfluorocarbon nanoparticles
	Nanocomposite devices

Table 2: Classification of nanobiotechnology approaches to drug delivery in cancer [43].

Nanoscience and Technology in CNS Disorders

In previous few years’ nanotechnology protruded as a marvelous instrument of being a fresh way in dealing with neurological disease [49].

The pioneer merits of nanoscale technology in neuro-scientific neuropathology therapeutic request from nanoengineering and conjugation prospects of therapeutic molecules with nanoparticles [42].

Therefore, makes drug molecule even more stable and really helps to target certain cell signaling in CNS with better penetration to blood human brain barrier. Cells of CNS Particularly features lost regeneration ability after injury therefore, nanomolecules can enhances recovery by forming a mesh to aid cell survival, cell regeneration and performing as carriages for gene delivery motivated by particular exciter [27].

Nano-manipulation - technology become a surgeon underwent operation on CNS specially the neuron, neuronal processes, intracellular structures to promotes regeneration capacity for the central nervous program after degenerative or traumatic insults. Nano-imaging showing up CNS at subcellular level with an increase of details, non-surgical nano-repair to provide a remedy for neurodegenerative disease, trauma and human brain tumors treatment. Nano-neuromodulation: to affect the electricity or electrochemistry of CNS by altering neurotransmitter function. Also, to regulate pain (neuropathic and long-term pain) via particular biological pumps let go catecholamine and peptides of opioid to prohibit NMDA receptors [37].

Current “NanoTech” in Neurosurgical Practice

Neuroprotection

By diminishing neuronal malfunction or apoptosis following persistent CNS harm as in AD, PD, and MS, which outcomes in regeneration or rescue of CNS [9,73,92]. Chemical species such as for example superoxide ($O_2^{\cdot -}$), hydroxyl (OH), peroxide (H_2O_2) and peroxynitrite ($ONOO^{\cdot}$) can manufacture a steward of oxidative mediated harmful mutations in cells like segments of DNA, cell membrane lipids peroxidation, decreased mitochondrial energy production, and transporter protein inactivation [57,85].

Various nanomaterials with antioxidant real estate have displayed the potential to eradicate free radicles in the brain. Especially, cerium and yttrium oxides (CeO_2 and Y_2O_3) NPs demonstrated ROS mitigation *in vitro* circumstances applying hippocampal neuronal cells [18,33]. Another category of novel nanomaterial obtaining attention for neuroprotection is normally fullerene and its own derivatives [32,51].

Harry Kroto learned Fullerenes in 1985, Nobel Prize winners Richard Smalley and Robert Curl in Chemistry 1996. C60 was not described as nanotechnology initially; the term was found in graphene tubes work (called carbon nanotubes) with subsequence core of applications for nanoscale electronics and devices [4,44].

Harry Kroto learned Fullerenes in 1985, Nobel Prize winners Richard Smalley and Robert Curl in Chemistry 1996. C60 was not described as nanotechnology initially; the term was found in graphene tubes work (called carbon nanotubes) with subsequence core of applications for nanoscale electronics and devices [4,44].

Fullerenols happen to be hydroxyl (i.e., OH) successful fullerene derivatives (Figure 2) had a real estate of antioxidant and free of charge radical scavenger that may lessen (glutamate-, NMDA-, AMPA-, cause enhance cell apoptosis) by fullerene-mediated neuroprotection since it inhibit glutamate stations, since neither GABA(A) or taurine receptors had been afflicted or and by inhibition of glutamate-induced intracellular calcium concentrations that rise cell excitation [39].

Other techniques for neuroprotection, comprising pharmacological, gene remedy, and physiological, still developing as new area for research in scientific aspects [46,47,80,85].

Carbon nanotubes (CNTs) using its nanotechnology features permit them better appropriate as a mediator for monitoring and alter neural activity or embedded in development of nanotube-neuron hybrid systems to arouse neuron integrative skills, links, and synaptic plasticity [14,52].

The fullerene derivatives wide open new wish in MS supervision and investigations (theranostics); however, lipid peroxidation, diminish glutathione in the gill cells, so that it works as neuroprotecting agent [9].

Scientists invented way to lessen fullerene toxicity and change its positive homes (solubility) by mutate CNTs and fullerene areas using single-walled CNTs (SWCNTs) and multiwalled (MWCNTs) through refining and chemical substance alteration [2,79].

Nanotechniques in development that's most likely to have an impact on neuroprotection at the nanolevel, of and subcellular Nano and structures approaches for following enzymatic reactions instantly. Nanoscaffolds enhance neurorepair by carbon nanotube electrode arrays can equip chemical substance and electric consolidations at nanoscale. This cause make surgeries at micron or nano level for elementary axon renovation [7].

Neuroregeneration

A nanofiber system is involved in researches for spinal cord injury nowadays, stroke, and retinal degenerative ailments [85].

Peptide-structured molecules like amphiphile molecules poses a hydrophobic tail and hydrophilic head, were invented to create a nanofiber scaffolding network of when within physiological ionic conditions [36] by hydrophilic head organizations involved in cell signaling by performing as ligands for cell surface area receptors. Scientists conducted the key peptide sequence explored was the neuron-certain extracellular mold laminin-originate from succession isoleucine-lysine-valine-alanine-valine (IKVAV) which may promote the expansion and expansion of neuritis. The peptide amphiphile molecules happened in a remedy of drinking water until they meet up with cations like calcium, that promote development of nanofibers which placed the water molecules set up creating a gel-like compound at microscope level. By this particular feature, they are able to enveloped neural progenitor; retinal cells in these gels. The total results were marvelous [85]. Additionally, there is almost a whole insularity of astrocyte advancement in these ethnicities (minimum amount then 1% and 5% at 1 and seven days *in vitro*) regardless of the multipotent aspect of the progenitor skin cells. This offers unique chance for mortar the impact of gliosis after stress or degenerative insults by implanting donor skin cells *in vivo* with the amphiphile material [83].

In vivo use of any nanoknife for axon microsurgery

Micro fabricated devices with nanoscale properties have been offered as new instrumentation for mobile and subcellular surgical treatments at microscopic level. Some studies advocate *in vivo* use of 10 to 100 micron-long nanoknives with rim of 20 nm in radius of curvature within surgery of peripheral nerve. The nanoknife perform small incisions mixed between 50 to 100 micro m.-long in nerve tissues in. Its vitality can replicate the incisions piecemeal [15].

Chronic CNS electronic stimulation

Carbon nanofibers for highly manipulated focal excitement

The electrical power properties of carbon nanofibers using its individual properties may be used to highly manipulated focal activation, so directing this advantages to take care of intractable pain and other disorders such as bladder control problems and parkinsonian-related disorders [59,85].

Magneto-Electric Nano-Particles for Non-Invasive Brain Excitement

Magneto-electric (ME) materials symbolize a sub-group of multiferroic materials that poses potential to conjugate magnetic and electric domains at room heat. Scientists conducted studies using this material in noninvasive profound brain excitement by coupling electric indicators in the neural network to the magnetic dipoles in the nanoparticles bypassing bloodstream brain hurdle [95]. Magnetic domains

created by injected Me personally nanoparticles that have efficient penetrating capacity to the complete brain noninvasively, and become “turned” on / off remotely using little magnetic field exporter.

Existing non-invasive brain activation methods implicate transcranial magnetic arousal (rTMS) and transcranial immediate current activation (tDCS) that take action leading forwards of modern knowledge as noninvasive approach, but limited potential [31] (Figure 3).

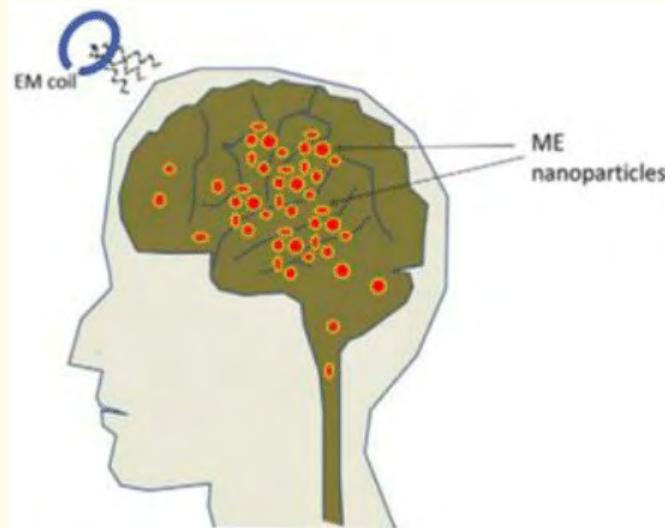


Figure 3: Diagram of brain stimulation planning [95].

The exterior magnetic domains create AC signs in Me personally nanoparticles which can be renovated with the consistency spectral range of the neural electric powered actions, which causes neurons in your community to open fire at similar frequencies (Amount 4 and 5).

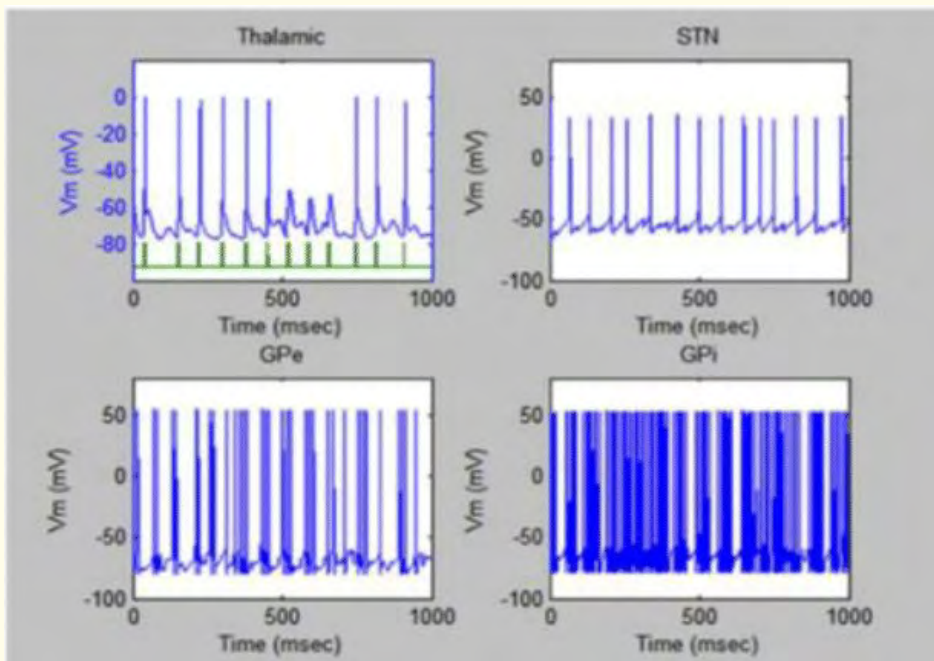


Figure 4: Electric pulses in the Parkinson’s Disease patient brain map excited via electric throbbled sequences of Parkinson’s Disease patient before management by the Me nanoparticles. (declared lapses in the regular pulsed sequences in the thalamic region) [95].

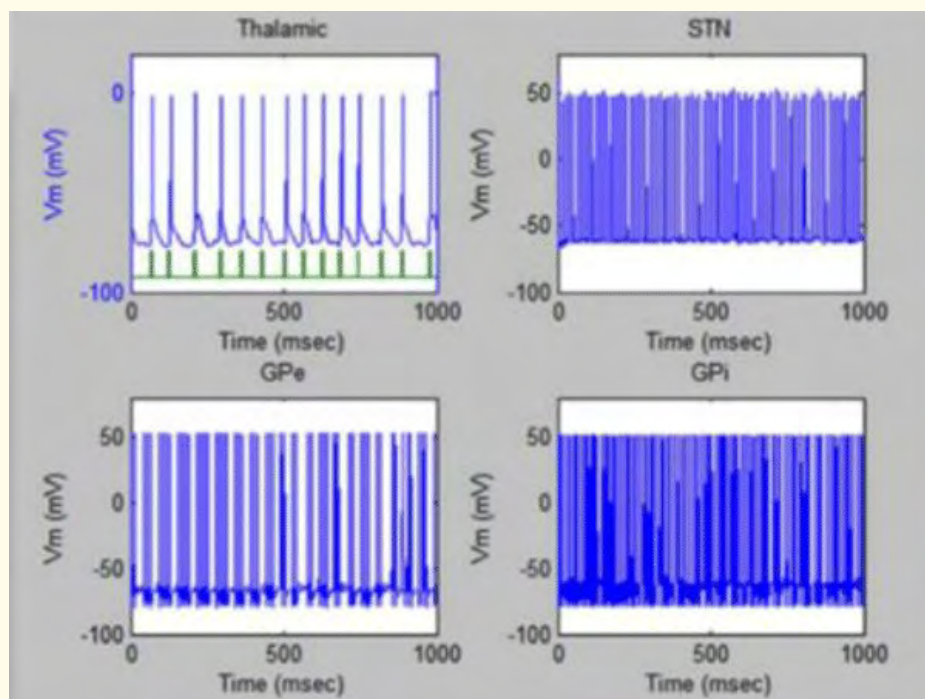


Figure 5: The same but after management the handled with Me nanoparticles at the optimized principles of the nanoparticle focus (of 3×10^6 debris/cc in aqueous solution) with energizing occurrence (80 Hz). (impulses in the Thalamic region regained activity through the method [95].

Nanotechnology and vascular neurosurgery

Sealing tissue by laser beam in neurosurgical types of procedures may overcome troubles associated with traditional suturing methods that can complicate various levels of vascular wall harm. The usage of silver nanorods (GNRs) improve the selectivity of welding and minimizes the medical injury to vessels, with following optimal wound therapeutic. This turned out by review used diode laser beam irradiation and succeeding picture activation of an hyaluronan nexus founded with nearby infrared (NIR) absorbing platinum nanorods (GNRs).it demonstrated appropriate closure of the diagnosis and treatment wound by using little laser level (30 W/cm^2) [29].

Imaging and Diagnostic applications

Ultra-small Superparamagnetic Flat Iron Oxide Contaminants in imaging of Central Nervous System Tumors: USPIOs (Ultra small Superparamagnetic Flat Iron Oxide) may go beyond using its property the traditional paramagnetic gadolinium chelates distinction brokers. The USPIOs (Amount 6) look like secure, are easy to administer, and offer satisfactory contrast improvement, despite having using little tesla magnets.

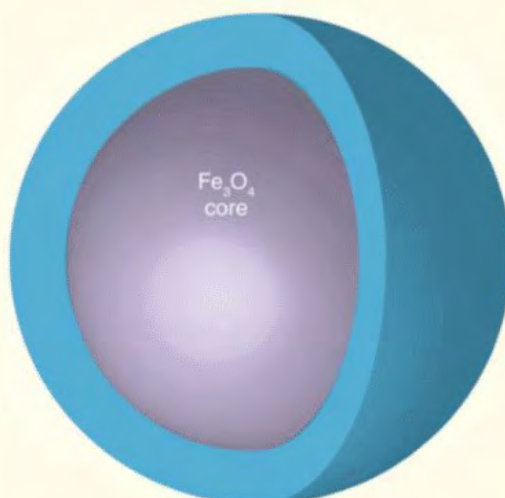


Figure 6: Illustration of any magnetic flat iron oxide nanoparticle :An average magnetic nanoparticle is looked at by the shell morphology with a flat iron oxide primary (usually magnetite Fe_3O_4) covered with a biologically installed material (e.g., polysaccharide, fabricated polymer, lipid, proteins or small silage linker). It could be improved to create tumours targeted contaminants in physiologic options simply [90].

They could render as catalytic brokers to improve effectivity of characterization, localization and follow-up in a variety of neurologic diseases. In CNS tumors, USPIOs may ameliorate diagnosis and monitoring therapeutic replay to antiangiogenic chemotherapies as well as for recognize true tumor progression from pseudo one [91].

Name	Developer	Coating agent	Size (nm) ^a	Clinical dose ($\mu\text{mol Fe/kg}$)	Relaxivity ($\text{mM}^{-1}\text{sec}^{-1}$) ^b
Ferumoxides AMI-25 Feridex/Endorem	Guerbet AMAG Pharm. Inc	Dextran T10	120 - 180 (SPIO)	30	$r_1 = 10.1$ $r_2 = 120$
Ferucarbotran SH U 555 A Resovist	Bayer Schering Pharma AG	Carboxydextran	60 (SPIO)	8 - 12	$r_1 = 9.7$ $r_2 = 189$
Ferumoxtran-10 AMI-227 Combidex/Sinerem	Guerbet AMAG Pharm. Inc	Dextran T10, T1	15 - 30 (USPIO)	45	$r_1 = 9.9$ $r_2 = 65$
Ferumoxytol Code 7228	AMAG Pharm. Inc	Polyglucose sorbitol carboxymethyl ether	30 (USPIO)	18 - 74	$r_1 = 15$ $r_2 = 89$
SH U 555 C Supravist	Bayer Schering Pharma AG	Carboxydextran	21 (USPIO)	40	$r_1 = 10.7$ $r_2 = 38$
Feruglose NC-100150 Clariscan	GE-Healthcare	Pegylated starch	20 (USPIO)	36	n.a.
VSOP-C184	Ferropharm	Citrate	7 (VSPIO)	15 - 75	$r_1 = 14$ $r_2 = 33.4$
Gadoteridol (ProHance)	Bracco Diag- nostics, Inc	—	1 (GBCA)	100 ($\mu\text{mol (Gd) /kg}$)	$r_1 = 4$ $r_2 = 6$

Table 3: Available superparamagnetic flat iron oxide brokers and prohance (Gd-based agent) for comparison.

Currently available intravenous iron oxide nanoparticle contrast agents. Modified from Corot., et al. (2006).

^aHydrodynamic diameter, laser light scattering.

^bRelaxometric properties ($\text{mM}^{-1}\text{sec}^{-1}$) at 1.5 T, 37°C, water or in plasma; per mM Gd, or Fe.

In pet animal studies, ferumoxtran-10 shows somewhat superior tumor imaging than same dosage as ferumoxytol; however, it must be implemented over~30 mins to lessen side results [65].

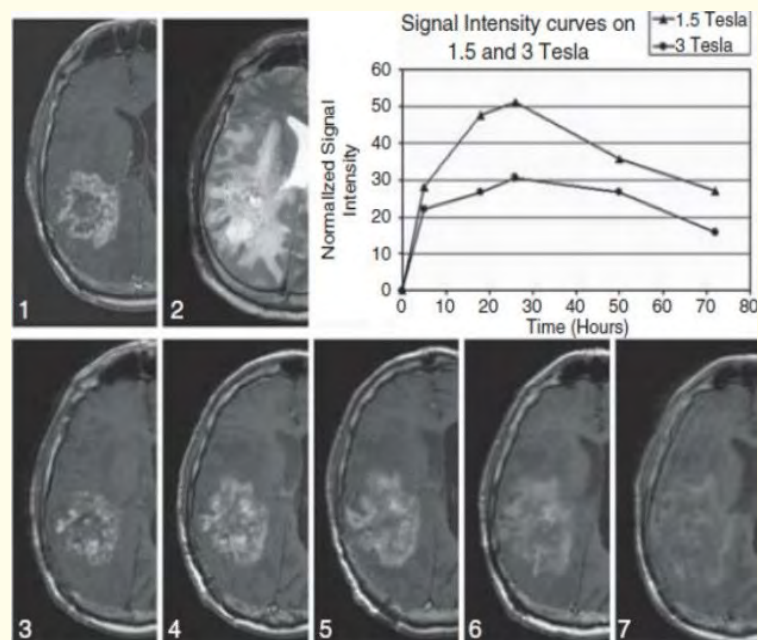


Figure 7: Time span of ferumoxytol development in a repeated GBM patient. GBCA-enhanced T1-weighted (#1), T2-weighted (#2), and post-ferumoxytol T1-weighted (# 3-7) MRI scans were gained with a 1.5 T MRI at five time items (# 3=4-6 h; # 4=6-20 h; # 5=24-28 h; # 6=48-52 h; # 7= 72 h). power of Optimum is watched at the 24 to 28 h time point; more hold off than what discovered with GBCA (not shown), which boosts 3 maximally .5 to 25 mins after injection. The diagram screen comparability of ferumoxytol-raise power curves at 1.5 T and 3 T MRI. Uppermost ferumoxytol T1 development is increased at 1.5 T than on 3T [64].

Current strategies found in treatment and imaging of gliomas

The nanoparticles may play role in increasing detection and management of gliomas. Studies claim that a number of NPs can be assembled to incorporate in new generation of agent's delivery and specific treatment on gliomas [66].

Usage of Nanoparticles in Gliomas Identification

Magnetic nanoparticles (MNPs) may open up new window in general management and monitoring of brain tumors. this happens by adherence of peptide to nanoparticle surface of MNPs allows specific delivery to tumor cell surface and break in the action tumorigenesis cycle. Lately, Veisoh., *et al.* developed a Nano vector made up of a superparamagnetic flat iron oxide nanoparticle key covered with polyethylene-glycol- (PEG-)grafted chitosan and polyethylenimine (PEI). This harm via brief interfering RNA (siRNA) and the peptide toward tumor skin cells, chlorotoxin (CTx), to advance tumor specificity and durability. Since it enters the cells through specific receptor, it merges with genes destroying it by targeted siRNA delivery with assistance of brain tumours specific contrast were seen by flow cytometry, analysis of quantitative RT-PCR, microscope with fluorescence facility, and MRI studies. This finding is particularly very important to glioma which is postponed in diagnosis cutting down survival because of the existence of blood vessels brain hurdle [67].

Recently, super small superparamagnetic flat iron oxide (USPIO) contaminants have diameters significantly less than 50 nm and with delayed blood flow system time, permitting the labeling of macrophages migrating to remote areas internationally [56,66].

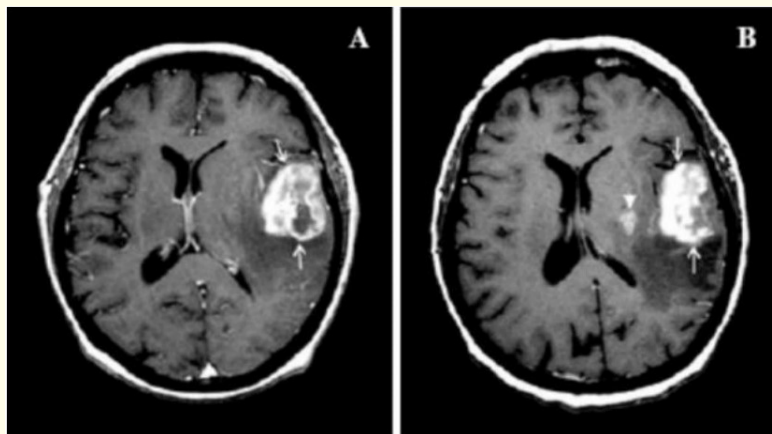


Figure 8: Demo of dissimilarities between improving regions of tumor by gadolinium (A) and by flat iron oxide nanoparticle- (B). it confirmed declare of the tumor by flat iron oxide nanoparticle only (stable arrowhead) [69].

Colloidal nanocrystal synthesis amelioration marketed to the introduction of super small crystals of gadolinium oxide (US-Gd 203), with 2 - 3 nm in size, the tiniest and the densest of most Gd-containing nanoparticles. Each nanocrystal may charge several adjustable magnitude signs which is greater than a gadolinium chelates. Presently, US-Gd2O3 has been used to find glioma cells GL-261 from localization and visualization *in vivo* using MRI [45,66].

Nanoshells and Quantum Dots

They are complexes which may have shown good resolution to visuals glioma.

Metal nanoshells: Are comprised of a silica core bounded by a slim metallic shell of sterling silver or rare metal [50].

The intravenous supervision of rare metal nanoshells has led to limited tumor build up, which signifies a master daring for contrast real estate agents in optical imaging [66].

Quantum dots (QDs): Derive from semiconductor components comprising a cadmium-based main bounded by an inert part of metallic shell. Very much like rare metal nanoshells, quantum dots have excellent optical features and the nook rock is particle size [3].

Nanoparticles as Therapeutics

Nanoconjugates in conjunction with liposomes might be considered a great move forward in gliomas management, because they promote effective uptake to specific glioma skin cells.

Liposomes are two times layered vesicles bounded by a phospholipid membrane. Liposomes can be developed to cohere to mobile membranes to mention a medication payload or just copy drugs through endocytosis. Paclitaxel is a chemotherapeutic that stop cell section via advertising of the stabilization and set up of microtubules. Unfortunately, paclitaxel is hydrophobic and cannot mix the BBB highly. To beat this restriction, paclitaxel has been conjugated to liposomes. Xin *et al.* conducted the probable of Angiopep-conjugated PEG-PCL nanoparticles packed with paclitaxel as a dual-targeting medicine delivery system in the treating glioma via crossing blood vessels brain hurdle [34] by this device, in increased inhibitory results in both antiproliferative and cell apoptosis assay on U87MG glioma skin cells [66].

Nanocrystals

Nanocrystals are amount of substances in a crystalline form of the medicine enclosed with a covering of surfactant. Nanocrystallines may have a hydrophobic mixture enveloped with a slim amphiphilic covering. Its size determines their activities. it might inhibit the breed in several cancer cells lines. Silver nanoparticles (Ag- NPs) induce the genes expression lead to DNA damage, and apoptosis in human cells with reduced side-effect [48,55,93].

Nanotubes: Self-compile bed sheets of atoms organized in pipes are came to the realization as nanotubes. They may be organic and natural or inorganic in origin. It could be solo or multiple wall membrane framework. Carbon nanotubes (CNTs) are hollow tubes of graphite-like carbon sheets. They are simply classified according volume of walls [38].

Such as nanovectors, CNTs can be option to viral vectors for molecular remedy or immunotherapy as immediate allocate of antigens to antigen presenting skin cells (APCs), microglia in the central stressed macrophage or system careers in tumours [12].

This turned out by research of intratumoral injections of MWCNTs in GL261 murine glioma model that recognized in tumor macrophages (MPs), also to a lesser degree in microglia (MG) [11].

Inorganic Nanoparticles: Ceramic nanoparticles are comprised of inorganic substances like silica or alumina. Generally, may be made to avert the reticuloendothelial system by differing their surface and size structure.

Dendrimers: Dendrimers are polymer-based macromolecules created from oligomeric or monomeric systems. Drug carriers such as dendrimers have been used for gliomas therapeutic purposes. it included to D-glucosamine as the ligand for bypassing BBB and invade tumor. The success of methotrexate- (MTX-) packed dendrimers use was resolved against U87 MG and U343 MGa skin cells [35].

Antibodies Conjugated to Nanoparticles

Probably one of the most modern age in tumor management is the surface modulation of nanoparticles with monoclonal antibodies (mAbs) entirely or in blend with antineoplastic drugs [89].

The epidermal expansion factor receptor version III (EGFRvIII) is a specific tumor change which exists in malignant gliomas rather than in the standard brain. Another pleasurable dimension is the utilization of immunoliposomes, that happen to be antibodies and liposomes using the motif health proteins antibody (ZZ) as a vector. This is detailed by Feng, *et al* [8].

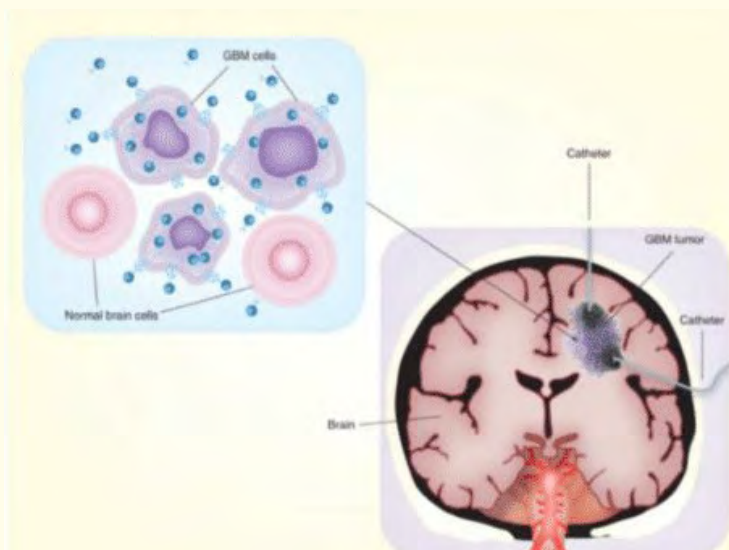


Figure 9: Demo of dissimilarities between improving regions of tumor by gadolinium (A) and by flat iron oxide nanoparticle- (B). it confirmed declare of the tumor by flat iron oxide nanoparticle only (stable arrowhead) [69].

Stable Lipid Nanoparticles

They are lipid-based submicron colloidal service providers. First it was an alternative solution to liposomes and emulsions. In general, they may be more stable than liposomes biologically due to its rigid core formed of hydrophobic lipids that are solid enveloped by the monolayer of phospholipids [72].

It's been proven that at warmer temperature ranges, the element payload detaches the hydrophobic vice and key versa. These unique properties used to provide solid lipid nanoparticles for therapeutic purposes. this pointed out by Kuo and Liang who used progressive catanionic stable lipid nanoparticles (CASLNs) ready in microemulsions copy carmustine (BCNU) (BCNU-CASLNs) which adherent to anti-epithelial progress factor receptor (EGFR) (anti-EGFR/BCNU-CASLNs) to avoid progress glioblastomas skin cells by occupying gliomas growth factor receptor [94].

EGFRvIIIAb-IONP Bioconjugate

Bio conjugation was made out of the terminal amino fragment of the antibody and carboxyl teams on the copolymer covering of the IONPs. The EGFRvIIIAb-IONP could source MRI comparison enhancement of human being glioblastoma cells *in vitro* and destructive result in tumours cells after Convection-enhanced Delivery (CED) [17].

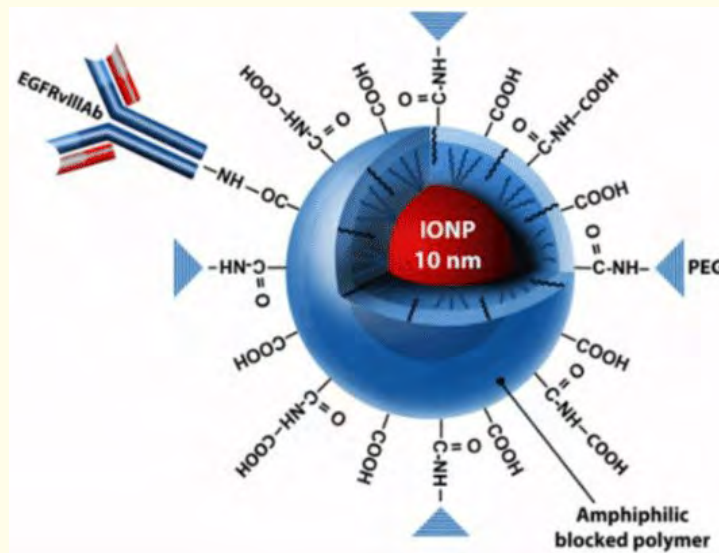


Figure 10: Amphoteric blocked polymer covered IONPs conjugated to the EGFRvIIIAb. Illustration of IONP (key) covered with a biologically suitable amphiphilic copolymer double from the EGFRvIIIAb. Polyethylene glycols (PEG) can be found on the top of polymer for additional stabilization and biological compatibility of the IONP. Double strand of the EGFRvIII antibody is conducted to the -COOH of the polymer covering of the IONP [90].

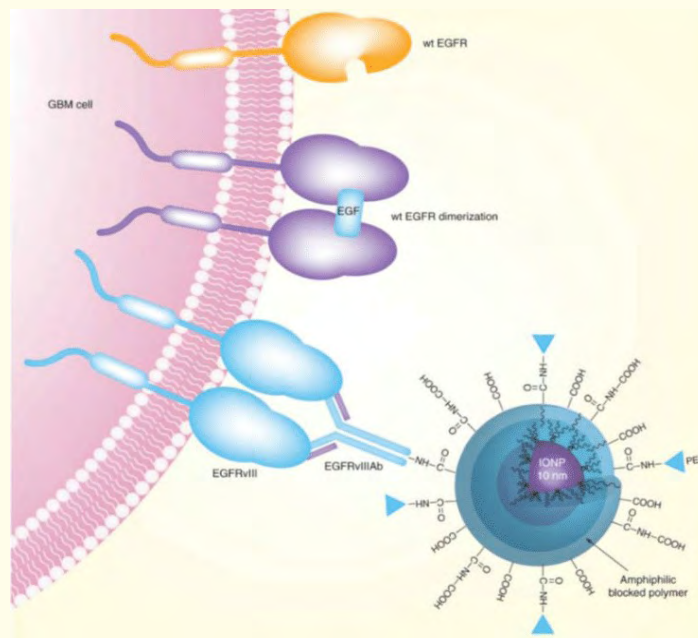


Figure 11: Illustration of an EGF receptor vIII-expressing glioblastoma cell bound by an EGF receptor vIII antibody-combined magnetic nanoparticle structure. The wt EGFR dimerizes after ligand binding. The truncated EGFRvIII deletion changed, which does not need a ligand for activation, is certainly bound by an EGFRvIII antibody conjugated magnetic nanoparticle integrate (EGFRvIIIAb-iron oxide nanoparticle). The EGFRvIIIAb-iron oxide nanoparticle is normally comprising a 10-nm iron oxide middle capsulated by an amphiphilic triple block copolymer, which is normally fuse to the EGFRvIIIAb covalently. EGFR: EGF receptor; Ab: Antibody; IONP: Iron oxide nanoparticle; wt: Wild-type; GBM: Glioblastoma [90].

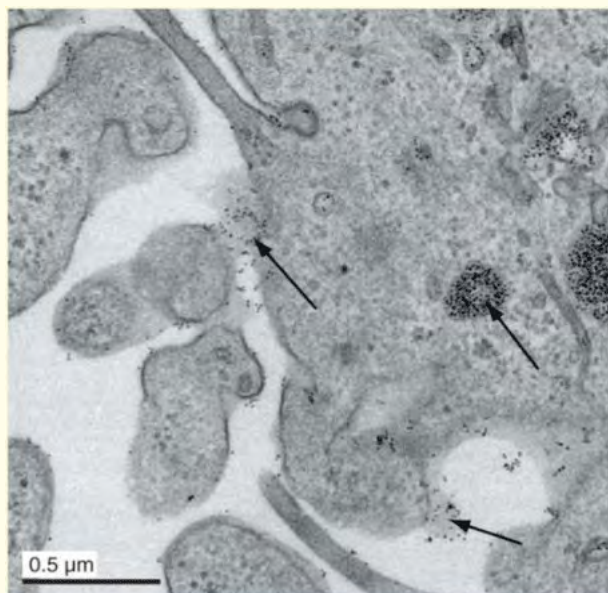


Figure 12: Transmitting electron microscopy of an EGF receptor vIII-expressing glioblastoma cell bound by magnetic nanoparticles. Transmitting electron microscopy confirms glioblastoma cell binding and internalization of the magnetic nanoparticles (shown by dark arrows; magnification 10,000x) [90].

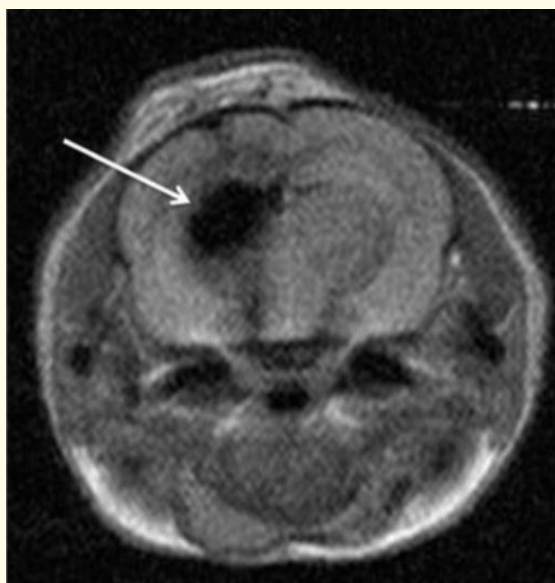


Figure 13: Convection-increased delivery (CED) of magnetic nanoparticles (MNPs) in the rodent brain. Magnetic resonance imaging of a rodent brain depicting the hypointense (dark) area in the brain that symbolizes distribution of MNPs after CED without leak back [63].

Nanoparticle-Enabled Gene Remedy

Gene remedy is based on the thought of whether particular exogenous genes could be built-into the genome of tumor cell resulting in apoptosis. While, viral vectors had been the primary carrier employed to transmit genes to particular cells with significant immune and inflammatory sequelae in the web host. Liposomes were one of the primary non-viral vectors created for delivery of genome but restricted by nominal transduction efficiency [69].

Nanoparticle-Allowed Thermotherapy

Superparamagnetic iron oxide nanoparticles had been injected intratumoral and by an alternating magnetic discipline which utilized mainly to include rat RG-2 in brain tumors with very good survival by apoptosis in heated brain tissue.

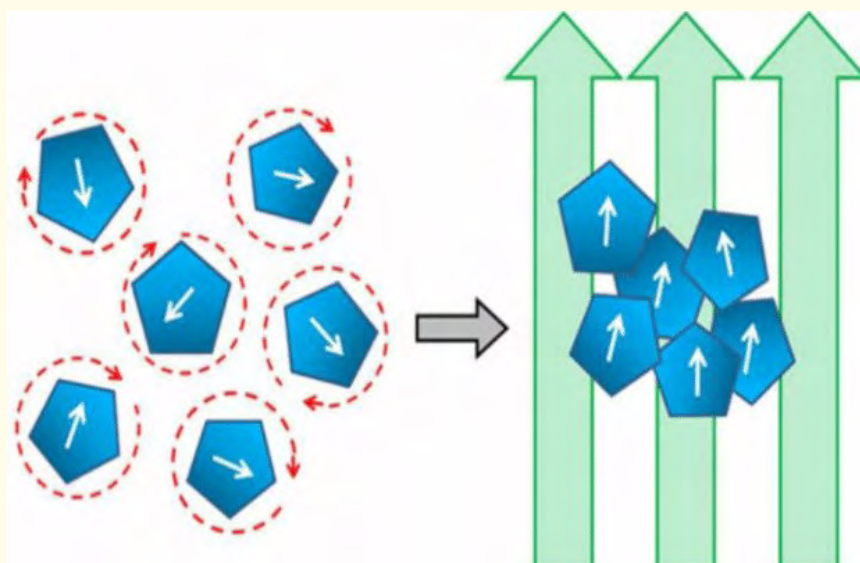


Figure 14: Magnetic nanoparticle (MNP) answer thermotherapy and alternating magnetic areas: Software of applied magnetics areas (arrows) orients the MNPs on the proper from their random inclination on the still left in having less magnetic areas. Random orientation on the still left produces thermal losses enabling hyperthermia technology by the MNPs [63].

This proved by medical trial of magnetic nanoparticle allowed thermotherapy in 14 tumors suffered sufferers with minimum unwanted effects [58].

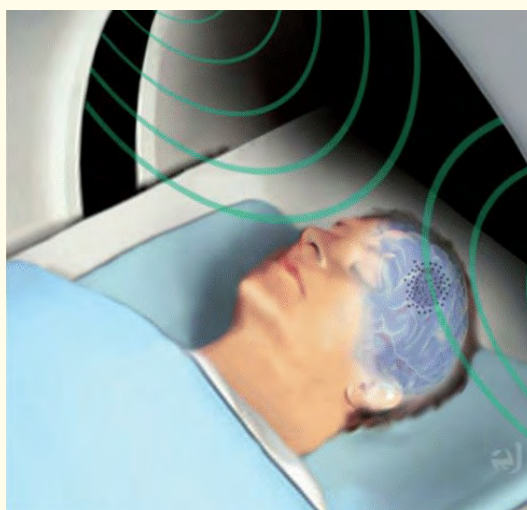


Figure 15: Intratumoral thermotherapy of a malignant human brain tumor with magnetic nanoparticles: An individual who has gone through intratumoral implantation of magnetic nanoparticles is normally depicted digesting an alternating magnetic discipline session for operations of his malignant human brain tumor by program of thermotherapy [90].

Nanoparticle-Enabled Photodynamic Therapy

PDT will depend on triggering of a photosensitizer by a specific wavelength of light, resulting in liberate of strength to cells oxygen which, subsequently, motivates apoptosis. As the security of convey PDT to sufferers with gliomas provides been settled, the potency of PDT for managing various other intracranial tumors deficient even now, due to lack of highly targeted satisfactory accumulation of photosensitizer within neoplastic cells.

Reddy, *et al.* executed induced long-term reduced amount of cultivated 9L gliomas through PDT mediated by F3 targeted, photofrin loaded magnetic nanoparticles [69].

Nanoparticle composition	Size/sharp	Function	Figure
Polyaspartic-acid-(PASP-) coated iron oxide	200 - 700 nm forming rounded flakes	Specific recognition of tumor angiogenic cells due to be conjugated to RGD*1 peptides and fluorescent probes	
Magnetic iron oxide nanoparticles (MPIOs)	Less than 20 nm in size with crystalline cores of magnetite surrounded by a shell of dextran	The high Fe atoms content allows these nanomaterials intracellular interactions due to the magnetic field generated for MRI*2 studies	
Monocrystalline iron oxide nanoparticles (MIONs)	4.7 nm as average size for these ultrafine almost spherical particles	When they are complexed to bioconjugates such as antibodies or fluorescent labels, they delimit tumor margins eliciting surgical resection of tumors	
Ultrasmall gadolinium oxide (US-Gd2O3) nanocrystals	The core is 2 - 3 nm in size. These nanoparticles can be conjugated to targetpeptides or antibodies generating a diversity of structures	The very small size and superior density of these nanomaterials produce higher signal contrast than other gadolinium-containing particles	
Nanoshells of crystalline metals	Diameter size 50 - 100 nm with single or double walls covering nanoparticles	During engaged reaction metal, nanoparticles (i.e., gold) are covered with mono- or multiple layers of another metal (i.e., silver) increasing contrast in optical imaging. Also, they could be conjugated with luminescent labels	
Quantum dots (QDs) cadmium-based complexed to inert metals	The high diversity of sizes (10-20 nm) allows to use these nanomaterials in multicolor assays	The relationship between physical size of QDs and the wavelength of emitted fluorescence is referred to as "tunability"; therefore, one wavelength can produce different colours depending of the size of QDs	
Nanoparticle	Structure	Function	Figure
Liposomes	Bilayered vesicles conjugated with some proteins or drugs (i.e., anfortericine) for recognition and/or lists of cancer cells	Due to their amphiphilic structure, it is feasible to manipulate surface modification and/or conjugate them with biomolecules to increase the circulating half-life and deliver anti-neoplastic drugs in tumoral areas	
Solid lipid nanoparticles	Submicron colloidal-carriers that could be loaded with others types of chemotherapeutics or specific antibodies	Currently, these particles are under research, but they could deliver chemotherapeutic agents into neoplastic cells due to their biocompatible and fusional membranes	
Drugs or toxin conjugated nanoparticles	The satisfactory size of nanoparticles allows to encapsulate anti-neoplastic drugs, toxins, or specific antibodies directed to membrane-bound antigens in cancer cells	These nanoconjugates deliver their drug load to increase local levels of apoptotic molecules near tumors or to accumulate in focal areas to exert their cytotoxic effect	
Nanocrystals	Crystalline aggregates of hydrophobic molecules coated with a thin hydrophilic layer	Depending of the size of crystals several protein-metal conjugates can originate nanorods or nanowires which could enhance thermosensitivity of cancer cells	
Nanotubes	Single or multilayered sheets of self-assembling organic or inorganic atoms	Due to their large inner volume and great external surface could be drug-loaded and may induce cellular death	
Dendrimers	Monomeric or oligomeric multibranch structures whose exterior-end groups can be conjugated to drugs, antibodies, or metal atoms	These symmetrical structures may encapsulate drugs, targeting moieties, antibodies, and functional groups to carry and deliver them inside tumor	

Table 4: Some of the most applied nanoparticles for diagnosis and treatment of gliomas.

Delivery of Nanoparticles in Malignant brain Tumor

Delivery of therapeutic brokers to GBM tumors remains to be a formidable challenge because of problems in crossing the blood-human brain barrier (BBB), non-particular uptake, nontargeted distribution, and systemic toxicity. Listed below are the main three known routes:

Systemic Delivery: Biocompatible surface covering of nanoparticles can enhance their circulation period and reduce the quantity of nanoparticle used by the reticulo-endothelial program (RES) in the liver, kidney, spleen, and circulating macrophages resulting in considerably more uptake by targeted cells. However, GBM harboring irregular vasculatures with endothelial uptight and extreme vascular proliferation, permitting extra extravasation of intravascular materials in to the tumor tissues [63].

Magnetic Targeting: A strategy to encourage incorporation of MNPs to brain tumors. By using a magnetic field geared to particular location. Ultrasonography can selectively break through the BBB and improve the EPR effect in a targeted location of the brain. FUS and magnetic targeting have already been applied to augment the delivery and the precipitation of chemotherapy synergistically [63].

Convection-Improved Delivery (CED): A pump is mounted on each infusion catheter with confident pressure gradient throughout submission for molecules convection through the extracellular space of the brain [63].

Perspectives: In this innovative era, various researches are dynamically looking to NPs multipurpose as systems for achievements in covering various goals. A main work of NP in individual disease control will be essential to reduce immunity disorders in the hosts regardless of its effectiveness [66].

The scope of nanotechnology continues to be in its infancy and permanent email address details are not applicable yet. Issues linked to nanoparticle pharmacology should be overcome before nanoparticles perform a primary role in brain tumors remedy. *In vivo*, nanoparticles keep the systemic circulation by the reticuloendothelial program in multiple organs and macrophages minimizing its result in target tissues. However, the engagement of hydrophilic molecules like polyethylene glycol or Pluronic with their area minimize wasting it beyond your target. This can be immunogenic, hepatotoxic or improve inflammatory reactions as side-effect. Many scientists employed in minimize these disadvantages by removal of NP through kidneys with make use of nontoxic biodegradable parts which can be torn into subparticles significantly less than 5 nm [69].

The magnetic nanoparticles involvement in thermotherapy, magnetic targeting and medication delivery for GBMs ought to be less expensive [63].

Nano oncology has an appealing future will be expected in the coming few years. The future may let molecular tools to are robotic device, a (nanobot), that poses some intelligent to define and kill tumor cells. Since there is absolutely no anticancer agent for any tumors, computer software can determine the very best agent for every single one. this nanobot may play role in security for early on manifestations of cancer tumor [43].



Figure 16: Nanobot [98].

Conclusion

Nano neurosurgery requires a departure from the original “excise what you can view and touch” role of neurosurgeons [7].

Neurosurgeons of today’s and future must take a dynamic function in shaping the program and research of nanotechnologies to ensure major participation in scientific aspects to change patient health toward new better worth with an increase of particular by the nano-engineered components (materials, devices, or drugs) to experience role when necessary.

Bibliography

1. A J Primeau., *et al.* “The distribution of the anticancer drug doxorubicin in relation to blood vessels in solid tumors”. *Clinical Cancer Research* 11.24 (2005): 8782-8788.
2. A Tan., *et al.* “Quantum dots and carbon nanotubes in oncology: a review on emerging theranostic applications in nanomedicine”. *Nanomedicine* 6.6 (2011): 1101-1114.
3. A M Smith., *et al.* “Bio conjugated quantum dots for in vivo molecular and cellular imaging”. *Advanced Drug Delivery Reviews* 60.11 (2008): 1226-1240.
4. Adams., *et al.* “Retrospective: Richard E. Smalley (1943-2005)”. *Science* 310 (5756) (2005): 1916.
5. Allen D and Fost N. “hGH for short stature: ethical issues raised by expanded access”. *Journal of Pediatrics* 144.5 (2004): 648-652.
6. Allhoff Fritz., *et al.* “What is nanotechnology and why does it matter? from science to ethics”. *John Wiley and Sons* (2010).
7. Andrews RJ., *et al.* “Neuroprotection at the nanolevel Part I: Introduction to nanoneurosurgery”. *Annals of the New York Academy of Sciences* 1122.1 (2007): 169-184.
8. B Feng., *et al.* “Delivery of sodium borocaptate to glioma cells using immunoliposome conjugated with anti-EGFR antibodies by ZZ-His”. *Biomaterials* 30.9 (2009): 1746-1755.
9. B Uttara., *et al.* “Oxidative stress and neurodegenerative diseases: a review of upstream and downstream antioxidant therapeutic options”. *Current Neuropharmacology* 7.1 (2009): 65-74.
10. Binnig G and Rohrer H. “Scanning tunneling microscopy”. *IBM Journal of Research and Development* 30.4 (1986): 6.
11. C Klumpp., *et al.* “Functionalized carbon nanotubes as emerging nanovectors for the delivery of therapeutics”. *Biochimica et Biophysica Acta* 1758.3 (2006): 404-412.
12. C Salvador Morales., *et al.* “Complement activation and protein adsorption by carbon nanotubes”. *Molecular Immunology* 43.3 (2006): 193-201.
13. Caruthers SD., *et al.* “Nano technological applications in medicine”. *Current Opinion in Biotechnology* 18.1 (2007): 26-30.
14. Cello G., *et al.* “Carbon nanotubes might improve neuronal performance by favouring electrical shortcuts”. *Nature Nanotechnology* 4.2 (2009): 126-133.
15. Chang WC., *et al.* “In vivo use of a nanoknife for axon microsurgery”. *Neurosurgery* 61.4 (2007): 683-691.
16. Cheon J and Lee JH. “Synergistically integrated nanoparticles as multimodal probes for Nanobiotechnology”. *Accounts of Chemical Research* 41.12 (2008): 1630-1640.

17. Costas G. Hadjipanayis, *et al.* "EGFRvIII Antibody Conjugated Iron Oxide Nanoparticles for MRI Guided Convection-Enhanced Delivery and Targeted Therapy of Glioblastoma". *Cancer Research* 70.15 (2010): 6303-6312.
18. D Schubert, *et al.* "Cerium and yttrium oxide nanoparticles are neuroprotective". *Biochemical and Biophysical Research Communications* 342.1 (2006): 86-91.
19. David B, *et al.* "Tinkle, Ethics in Nanomedicine". *Nanomedicine (London)* 2.3 (2007): 345-350.
20. Debbage P and Jaschke W. "Molecular imaging with nanoparticles: Giant roles for dwarf actors". *Histochemistry and Cell Biology* 130.5 (2008): 845-875.
21. Donaldson K. "Resolving the nanoparticles paradox". *Nanomedicine* 1.2 (2006): 229-234.
22. Dorf M., *et al.* "Nanoparticle PET-CT imaging of macrophages in inflammatory atherosclerosis". *Circulation*. 117.3 (2008): 379-387.
23. Drexler K E. "Molecular engineering: An approach to the development of general capabilities for molecular manipulation". *Proceedings of The National Academy of Sciences* 78.9 (1981): 5275-5278.
24. Drexler K E. "Nanosystems". Wiley Interscience, New York. (1992).
25. Drexler K Eric. "Nanosystems: Molecular Machinery, Manufacturing, and Computation". *New York: John Wiley and Sons* (1992).
26. Drexler K Eric. "Engines of Creation: The Coming Era of Nanotechnology". *Doubleday* (1986).
27. E A Neuwelt, *et al.* "Engaging neuroscience to advance translational research in brain barrier biology". *Nature Reviews Neuroscience* 12.3 (2011): 169-182.
28. Elder JB, *et al.* "Neurosurgery in the realm of 10⁽⁻⁹⁾, Part 2: applications of nanotechnology to neurosurgery-present and future". *Neurosurgery* 6.2 (2008): 269-284.
29. Esposito G., *et al.* "Nanotechnology and vascular neurosurgery: an in vivo experimental study on micro vessels repair using laser photo activation of a nanostructured hyaluronan solder". *Journal of Biological Regulators and Homeostatic Agents* 26.3 (2012): 447-456.
30. Fazil M., *et al.* "Nano therapeutics for Alzheimer's disease (AD): past, present and future". *Journal of Drug Targeting* 20.2 (2012): 97-113.
31. Fregni F and Pascual-Leone A. "Technology Insight: noninvasive brain stimulation in neurology-perspectives on the therapeutic potential of rTMS and tDCS". *Nature Reviews Neurology* 3 (2007): 383-393.
32. G A Silva. "Neuroscience nanotechnology: progress, opportunities and challenges". *Nature Reviews Neuroscience* 7.1 (2006): 65-74.
33. G Orive, *et al.* "Biomaterials for promoting brain protection, repair and regeneration". *Nature Reviews Neuroscience* 10.9 (2009): 682-692.
34. H Xin, *et al.* "Angiopep-conjugated poly (ethylene glycol)-co-poly(ϵ -caprolactone) nanoparticles as dual-targeting drug delivery system for brain glioma". *Biomaterials* 32.18 (2011): 4293-4305.
35. H Yan, *et al.* "Imaging brain tumor by dendrimer based optical/paramagnetic Nano probe across the blood-brain barrier". *Chemical Communications* 47.28 (2011): 8130-8132.
36. Hartgerink JD, *et al.* "Peptide-amphiphile nanofibers: a versatile scaffold for the preparation of self-assembling materials". *Proceedings of the National Academy Sciences U S A* 99.8 (2002): 5133-5138.

37. Iacob G and, Ciurea AV. "Curs de tehnici neurochirurgicale in tratamentul durerii cornice". Ed. Universitara Carol Davila, Bucuresti (2003): 195-196.
38. J J Li and K D Zhu. "Spin-based optomechanics with carbon nanotubes". *Scientific Reports* 2 (2012): 903.
39. Jin H., et al. "Polyhydroxylated C (60), fullerenols, as glutamate receptor antagonists and neuroprotective agents". *Journal of Neuroscience Research* 62.4 (2000): 600-607.
40. Jones. "Nano probes for medical diagnosis: Current status of nanotechnology in molecular imaging". *Current Nanoscience* 4 (2008): 17-29.
41. Kahn Jennifer. "Nanotechnology". *National Geographic* (2006): 98-119.
42. Kanwar JR., et al. "Nanoparticles in the treatment and diagnosis of neurological disorders: untamed dragon with fire power to heal". *Nanomedicine* 8.4 (2012): 399-414.
43. KK Jain. "Advances in the field of Nano oncology". *BMC Medicine* 8 (2010): 83.
44. Kroto H W., et al. "C60: Buckminsterfullerene". *Nature* 318.6042 (1985): 162-163.
45. L Faucher., et al. "Ultra-small gadolinium oxide nanoparticles to image brain cancer cells in vivo with MRI". *Contrast Media and Molecular Imaging* 6.4 (2011): 209-218.
46. L L Dugan., et al. "Carboxyfullerenes as neuroprotective agents". *Proceedings of the National Academy of Sciences of the United States of America* 94.17 (1997): 9434-9439.
47. L L Dugan., et al. "Fullerene-based antioxidants and neurodegenerative disorders". *Parkinsonism and Related Disorders* 7.3 (2001): 243-246.
48. L Liu., et al. "Silver nanocrystals sensitize magnetic-nanoparticle-mediated thermo-induced killing of cancer cells". *Acta Biochimica et Biophysica Sinica* 43.4 (2011): 316-323.
49. L N Lin., et al. "Recent advances in nanotechnology based drug delivery to the brain." *Cytotechnology* 62.5 (2010): 377-380.
50. L R Hirsch., et al. "Metal nanoshells". *Annals of Biomedical Engineering* 34.1 (2006): 15-22.
51. L Zhang., et al. "Carbon nanotube uptake and toxicity in the brain". *Methods in Molecular Biology* 625 (2010): 55-65.
52. Lee W and V Parpura. "Chapter 6-carbon nanotubes as substrates/scaffolds for neural cell growth". *Progress in Brain Research* 180 (2009): 110-125.
53. Logothetidis S. "Nanotechnology in medicine: The medicine of tomorrow and nanomedicine". *Hippokratia* 10.1 (2006): 7-21.
54. Lubick N and Betts Kellyn. "Silver socks have cloudy lining". *Environmental Science and Technology* 42.11 (2008): 3910.
55. M Ahamed., et al. "Silver nanoparticle applications and human health". *Clinica Chimica Acta* 411.23-24 (2010): 1841-1848.
56. M Di Marco., et al. "Physicochemical characterization of ultra small superparamagnetic iron oxide particles (USPIO) for biomedical application as MRI contrast agents". *International Journal of Nanomedicine* 2.4 (2007): 609-622.
57. Mahadik SP and Mukherjee S. "Free radical pathology and antioxidant defense in schizophrenia: a review". *Schizophrenia Research* 19.1 (1996): 1-17.

58. Maier-Hauff K, *et al.* "Intracranial thermotherapy using magnetic nanoparticles combined with external beam radiotherapy: results of a feasibility study on patients with GBM". *Journal of Neuro- Oncology* 81.1 (2007): 53-60.
59. McKenzie JL, *et al.* "Decreased functions of astrocytes on carbon nanofiber materials". *Biomaterials* 25.7-8 (2004): 1309-1317.
60. Nanoscience and nanotechnologies: opportunities and uncertainties". *Royal Society and Royal Academy of Engineering* (2004).
61. Nanotechnology: Drexler and Smalley make the case for and against 'molecular assemblers'". *Chemical and Engineering News (American Chemical Society)* 81.48 (2003): 37-42.
62. Nano R, *et al.* "New frontiers for astrocytic tumours". *Anticancer Research* 32.7 (2012): 2755-2758.
63. Nduom, *et al.* "Nanotechnology Applications for Glioblastoma". *Neurosurgery Clinics of North America* 23.3 (2012): 439-449.
64. Neuwelt EA, *et al.* "The potential of ferumoxytol nanoparticle magnetic resonance imaging. perfusion. and angiography in central nervous system malignancy: a pilot study". *Neurosurgery* 60.4 (2007): 601- 612.
65. Neuwelt EA, *et al.* "Imaging of iron oxide nanoparticles by MR and light microscopy in patients with malignant brain tumours". *Neuropathology and Applied Neurobiology* 30.5 (2004): 456-471.
66. Norma Y, *et al.* "Application of Nanoparticles on Diagnosis and Therapy in Gliomas". *BioMed Research International* (2013).
67. Veiseh, *et al.* "Chlorotoxin bound magnetic nanovector tailored for cancer cell targeting. imaging. and siRNA delivery". *Biomaterials* 31.31 (2010): 8032-8042.
68. Oberdörster G, *et al.* "Nontoxicity: an emerging discipline evolving from studies of ultrafine particles". *Environmental Health Perspectives* 113.7 (2005): 823-839.
69. Orringer, *et al.* "Small Solutions for Big Problems: The Application of Nanoparticles to Brain Tumor Diagnosis and Therapy". *Clinical Pharmacology and Therapeutics* 85.5 (2009): 531-534.
70. Prasad S K. "Modern Concepts in Nanotechnology". *Discovery Publishing House* (2008): 31-32.
71. "Press Release: the 1986 Nobel Prize in Physics".
72. R H Muller, *et al.* "Solid lipid nanoparticles (SLN) for controlled drug delivery—a review of the state of the art". *European Journal of Pharmaceutics and Biopharmaceutics* 50.1 (2000): 161-177.
73. R J M Franklin and C French-Constant. "Remyelination in the CNS: from biology to therapy". *Nature Reviews Neuroscience* 9.11 (2008): 839-855.
74. Resnik D and Tinkle S. "Ethical issues in clinical trials involving nanomedicine". *Contemporary Clinical Trials* 28.4 (2006): 433-441.
75. Resnik D. "Developing drugs for the developing world: an economic, legal, moral and political dilemma". *Develop World Bioethics* 1.1 (2001): 11-32.
76. Resnik D. "Fair drug prices and the patent system". *Health Care Analysis* 12.2 (2004): 91-115.
77. Rodgers P. "Nanoelectronics: Single file". *Nature Nanotechnology* (2006).
78. Russell JA. "Nanotechnology and Neurosurgery". *Journal of Nanoscience and Nanotechnology* 9.8 (2009): 5008-5013.
79. S R Shin, *et al.* "Carbon nanotube reinforced hybrid micro gels as scaffold materials for cell encapsulation". *ACS Nano* 6.1 (2012): 362-372.

80. S S Ali, *et al.* "SOD Activity of carboxyfullerenes predicts their neuroprotective efficacy: a structure-activity study". *Nanomedicine* 4.4 (2008): 283-294.
81. Saini R and Saini S. "Nanotechnology and surgical neurology". *Surgical Neurology International* 1 (2010): 57.
82. Salta OV. "Applications of nanoparticles in biology and medicine". *Journal of Nanobiotechnology* 2 (2004): 3.
83. Silva GA, *et al.* "Selective differentiation of neural progenitor cells by high epitope density nanofibers". *Science* 303.5662 (2004): 1352-1355.
84. Silva GA. "Introduction to nanotechnology and its applications to medicine". *Surgical Neurology* 61.3 (2004): 216-220.
85. Silva GA. "Nanotechnology approaches for the regeneration and neuroprotection of the central nervous system". *Surgical Neurology* 63.4 (2005): 301-306.
86. Soong RK, *et al.* "Engineering Hybrid Nanoscience Devices Powered by Biomolecular Motors". *Biomedical Micro Devices* 3.1 (2001): 69-71.
87. Srikanth M and J A Kessler. "Nanotechnology-novel therapeutics for CNS disorders". *Nature Reviews Neurology* 8.6 (2012): 307-318.
88. T Siegal, *et al.* "Doxorubicin encapsulated in sterically stabilized liposomes for the treatment of a brain tumor model: bio distribution and therapeutic efficacy". *Journal of Neurosurgery* 83.6 (1995): 1029-1037.
89. T Zhang and D Herlyn. "Combination of active specific immunotherapy or adoptive antibody or lymphocyte immunotherapy with chemotherapy in the treatment of cancer". *Cancer Immunology, Immunotherapy* 58.4 (2009): 475-492.
90. Wankhede, *et al.* "Magnetic nanoparticles: an emerging technology for malignant brain tumor imaging and therapy". *Expert Review of Clinical Pharmacology* 5.2 (2012): 173-186.
91. Weinstein J S, *et al.* "Superparamagnetic iron oxide nanoparticles: diagnostic magnetic resonance imaging and potential therapeutic applications in neurooncology and central nervous system inflammatory pathologies. a review". *Journal of Cerebral Blood Flow and Metabolism* 30.1 (2010): 15-35.
92. Wilson JX and Gelb AW. "Free radicals, antioxidants, and neurologic injury: possible relationship to cerebral protection by anesthetics". *Journal of Neurosurgical Anesthesiology* 14.1 (2002): 66-79.
93. Y Xiang, *et al.* "Chloride channel-mediated brain glioma targeting of chlorotoxin-modified doxorubicine-loaded liposomes". *Journal of Controlled Release* 152.3 (2011): 402-410.
94. YC Kuo and C T Liang. "Inhibition of human brain malignant glioblastoma cells using carmustine-loaded cationic solid lipid nanoparticles with surface anti-epithelial growth factor receptor". *Biomaterials* 32.12 (2011): 3340-3350.
95. Yue K, *et al.* "Magneto-Electric Nano-Particles for Non-Invasive Brain Stimulation". *PLoS ONE* 7.9 (2012): e44040.
96. Kateb B, *et al.* "Nanoplatfoms for constructing new approaches to cancer treatment. imaging. and drug delivery: What should be the policy?" *NeuroImage* 54.1 (2011): S106-S124.
97. Norma Y, *et al.* "Application of Nanoparticles on Diagnosis and Therapy in Gliomas". *BioMed Research International* (2013).
98. Leary SP, *et al.* «Toward the emergence of nanoneurosurgery : Part III-Nanomedicine : Targeted nanotherapy, nanosurgery and progress toward the realization of nanoneurosurgery». *Neurosurgery* 58.6 (2006): 1009-1026.

Volume 5 Issue 4 April 2017

© All rights reserved by Ashraf El Badry and Mohamed Abdelbari Mattar.