* One of the most common syndromes after unilateral brain injury, esp. stroke  
  (Becker & Karnath, 2007; Stone et al., 1993; Ten Brink et al., 2017)
* Mainly considered as disorder of spatial attention (Corbetta et al., 2005 & 2008)
* General: fail to attend to or react to info on contralesional side (Heilman et al., 1983; Karnath & Rorden, 2012)
* Deviation of head- & eye-position to ipsilesional side at rest (Becker & Karnath, 2010; Karnath, 2005), even in complete darkness (Karnath & Fetter, 1995)
* Are not due to underlying paralysis/motor failure or sensory shortcomings (Heilman & Valenstein, 1979)
* Neglect = negative prognosis for stroke recovery (Denes et al., 1982; Jehkonen et al., 2000 & 2007)
* Patients often have no insight into deficit (= anosognosia), which exacerbates negative impact on daily life
* Core symptoms typically represented on visual modality with reference to own egocentre, i.e. relative to own body centre
* Egocentric core components of neglect = spontaneous & sustained deviation of eyes & head towards ipsilesional side + omission of contralesionally located information/targets (Corbetta & Shulman, 2011; Karnath & Rorden, 2012)
* Symptoms can be distinguished along different modalities (i.e. sensory, motor, auditive, representational), along various reference frames (i.e. allocentric, egocentric) and/or along directionality of information (afferent/efferent)
* Behavioural deficits can be divided into 2 major groups: allocentric (= stimulus- or object-centered) & egocentric (eye-, head-, & trunk-centred) neglect
* Allocentric omit/ignore left part of an object, irrespective of the location of the object relative to the patient
* Although Some authors argue that ego- & allocentric neglect can dissociate (e.g. Hillis, 2005), others report significant interactions: e.g. the presentation of stimuli in the contralesional space may result in more severe allocentric biases (li et al., 2014; rorden et al., 2012)