

CRANIOPHARYNGIOMA – A DIAGNOSIS NOT TO BE MISSED



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INTRODUCTION

✓ Craniopharyngiomas are intracranial tumors that develop from epithelial Rathke's pouch rests. They have a bimodal age distribution, with peak incidence at childhood and in the adult/elderly, although in our series we have more patients in a middle peak.

Vsually they are benign but responsible for significant morbidity, particularly when located near critical structures such as optic chiasm, pituitary gland and hypothalamus, and thus might cause visual, neurological and endocrine deficits.

> **PITUITARY FOLLOW-UP** MRI:

Sequelae of surgery, tumour-adjacent residues and optic chiasm with scoop bottom and with discreet focus of the contrast on the inferior right location.

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24-year-old male, healthy

Progressive visual impairment of the right eye until amaurosis

Without other neuroophthalmological changes neither hormonal dysfunction symptoms.

HORMONAL EVALUATION: subclinical hypothyroidism (started on levothyroxine therapy 50µg/day).

PITUITARY MRI: sellar and suprasellar cystic lesion with carotid involvement. This lesion was not completely excised, because of its adherence to internal carotid.

HISTOLOGY: craniopharyngioma adamantinomatous type.

1st Endocrinology Consultation HYPOTHYROIDISM **CENTRAL DIABETES** INSIPIDUS

Levothyroxine and desmopressin therapy (0.2mg/day).

2nd Endocrinology Consultation PANHYPOPITUITARISM

Requiring adjustment of levothyroxine besides testosterone and prednisone supplementation.

FT4

CLINICALLY :

Visual impairment of the right eye (<1/10), relative afferent pupillary defect, and pallor of optic disc in ophthalmoscopy, without other neurological or endocrine symptoms.

Normal Range

0.70-1.48

	Value	Normal Range
TSH	0.20 mUI/mL	0.35-4.94
FT4	0.73 ng/dL	0.70-1.48





1.91 ng/dL 1.71-3.71 FT3

CRANIOPHARYNGIOMA ADAMANTINOMATOUS TYPE

Complex epithelial lesion with several distinctive morphologic features: peripheral palisading of the epithelium; frequently, the inner epithelium beneath the superficial palisade undergoes hydropic vacuolization as is referred to as the stellate reticulum; Intramural cysts; scattered nodules of keratin

CONCLUSION

✓ Craniopharyngiomas are rare tumours, often with suprasellar extension. Early diagnosis and treatment require a high diagnostic accuracy when dealing with visual impairment, neurological and hormonal symptoms. They tend to invade locally and relapse after treatment, requiring a long follow-up.

FT32.82 ng/dL1.71-3.71TSH3.05 μUl/mL0.35-4.94Total Testost<0.03ng/mL			
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ACTH 11.6 ng/L <63.3	Prolactin	20 ng/mL	4.0-15.0
Serum Osmol285 mOsmol/kg282-300	Cortisol	0.43µg/dL	6.2-19.4
	ACTH	11.6 ng/L	<63.3
Urinary 0smol 407 mOsmol/kg 50-1200	Serum Osmol	285 mOsmol/kg	282-300
	Urinary Osmol	407 mOsmol/kg	50-1200

Value

0.44 ng/dL