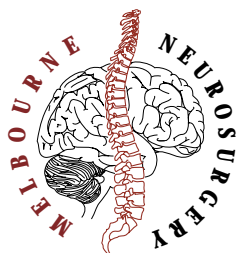


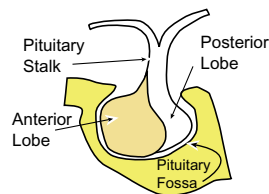
INFORMATION LEAFLET

CRANIO- PHARYNGIOMA



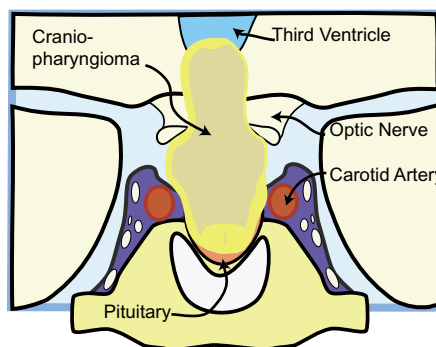
WHAT IS A CRANIOPHARYNGIOMA ?

It is a lesion that grows out of the pituitary fossa. The pituitary fossa sits above the nose at the back of the eyes and contains the pituitary gland (see PITUITARY TUMOUR leaflet).



Pituitary Gland

The lesion grows upwards and is both cystic and solid [see illus]. The fluid in the cyst sparkles because it contains crystals of cholesterol. It is felt to grow from the remnant of an embryological structure called Rathkes pouch. It contains calcium in children but may not in adults.



Craniopharyngioma
growing upwards

It occurs more frequently in younger patients [less than 20 years old] than in older patients. As it grows it presses on important structures inside the head and this causes the symptoms that lead us to the diagnosis.

WHAT ARE THE PROBLEMS THEY CAUSE ?

There are many ways the tumour causes problems:

By compressing cells in the pituitary gland and stopping them producing the hormones that it normally produces. This results in hormone disturbances as these are no longer produced [see Pituitary Tumour leaflet].

By pressing on something around the gland as it gets bigger, such as:

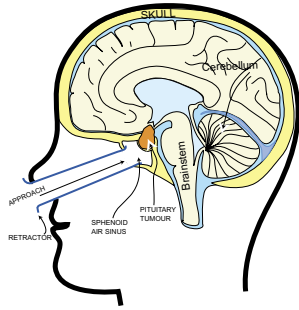
1. The nerves to the eyes that control vision and eye movements. This may result in double vision or loss of part or all of your eyesight.
2. The part of the brain that directs the pituitary gland and controls the balance of fluids in the body [hypothalamus].
3. It may block the normal fluid pathways of the brain to cause HYDROCEPHALUS [see Leaflet]. This may result in drowsiness or headaches

HOW IS THIS DIAGNOSED ?

Initially this is usually considered from your symptoms. The hormone levels are checked with blood and urine tests. Then your pituitary is looked at with a CT and MRI scan. Your doctor will refer you to a specialist when the diagnosis is considered. You are usually managed by

Neurosurgeon
Endocrinologist
Ophthalmologist

The pictures from the M.R.I. usually but not always suggest the diagnosis. The other things that may be considered are tumours of the pituitary gland itself or other tumours.



**Location of lesion inside the head
and
Transphenoidal Approach**

HOW CAN IT BE TREATED ?

The aim is to remove it completely if possible. The tumour will usually recur if there is any left behind. This is done with an operation. If the lesion is only in the pituitary gland then the operation may be done via the transphenoidal route (up the nose) (see leaflet Transphenoidal Removal of Pituitary Lesion). If the tumour extends above this then the surgery should be via a craniotomy (see leaflet Craniotomy for Pituitary Lesion or Craniopharyngioma). The craniotomy is a bigger operation but is needed to visualize the nerves to the eyes and other important structures so that the cyst membrane can be completely removed. If the CT/MRI scan does not clearly show the type of tumour it may only be presumed to be a Craniopharyngioma prior to surgery.

After surgery (hopefully it can be completely removed) we will watch the area concerned with regular imaging (CT or MRI) to see if there is any recurrence. Initially this will be done at 3 months then at 6 months and then at about 1 year. While it shows no evidence of recurrence we slowly increase the time between images. If there is known to be some left after surgery we will watch you closely. If it grows and starts causing problems again then surgery is the first option. It is more difficult the second time but is still the treatment of choice and a cure can still be achieved at this stage.

Some patients require frequent operations to control the growth and other therapy is only offered if we feel that the risks of further surgery are too high.

If repeat surgery fails and there is still evidence of growth then radiotherapy will be offered. This slows or stops growth and may reduce the tendency of the craniopharyngioma to form cysts.

There will be times that despite all of this the lesion continues to grow. At this time you may be offered further surgery even if the risks are high if you are developing problems from the lesions growth.

IS SURGERY ALWAYS NEEDED ?

Usually it is as the lesion is found because it is causing a problem that needs to be fixed. But if the lesion is found while we are looking for something else and is not causing any problems then we will probably just observe it with regular imaging.

IS IT BENIGN OR MALIGNANT ?

It is generally considered a benign tumour in that it does not spread to other parts of the body like a malignant tumour does. It does however grow locally and sticks very hard onto important parts of the brain. This can make it difficult to treat. It has a tendency to produce cysts and these may grow quite quickly.

HOW FAST DOES IT GROW ?

This varies. Not only do different peoples lesions grow at different rates but the growth rate may not be even. There may be little growth in the solid part of the lesion but sudden rapid growth or expansion of an associated cyst. This may cause an acute deterioration in your symptoms.

After your surgery even if we know that a small piece is left it may not show up on MRI. If this has had its blood supply removed at the time of surgery it may not continue to grow.

IF YOU NEED SURGERY WHAT WILL IT BE ?

TRANSPHENOIDAL

Up the nose/only for lesions isolated to pituitary gland

CRANIOTOMY

Small disc of bone removed to allow access under the frontal lobe to the lesion

VENTRICULO - PERITONEAL SHUNT

If the cyst or surgery has blocked the normal flow of the brain fluid (C.S.F.) a diversion is needed

CYST DRAINAGE (internal or remote)

FOR PROCEDURES SEE THE RELEVANT PROCEDURE LEAFLET

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