

Hydrocephalus was present in half of childhood cases and one-fifth of adult patients ¹⁾.

Initial Hydrocephalus has no impact on outcome in patients with sellar masses. OS and FC are impaired in survivors presenting with initial HI. PFS is not affected by HY, HI, or degree of resection. Accordingly, gross-total resection is not recommended in sellar masses with initial HI to prevent further hypothalamic damage ²⁾.

Nonobstructive hydrocephalus in craniopharyngioma

The neuroendoscopic foraminoplasty technique should be considered as an alternative treatment for patients who present with an obstructive hydrocephalus caused by a tumor that occludes both foramina of Monro when shunt placement or endoscopic third ventriculostomy is not feasible ³⁾.

¹⁾

Nielsen EH, Jørgensen JO, Bjerre P, Andersen M, Andersen C, Feldt-Rasmussen U, Poulsgaard L, Kristensen LØ, Astrup J, Jørgensen J, Laurberg P. Acute presentation of craniopharyngioma in children and adults in a Danish national cohort. *Pituitary*. 2013 Dec;16(4):528-35. doi: 10.1007/s11102-012-0451-3. PubMed PMID: 23225120.

²⁾

Daubenbüchel AM, Hoffmann A, Gebhardt U, Warmuth-Metz M, Sterkenburg AS, Müller HL. Hydrocephalus and hypothalamic involvement in pediatric patients with craniopharyngioma or cysts of Rathke's pouch: impact on long-term prognosis. *Eur J Endocrinol*. 2015 May;172(5):561-9. doi: 10.1530/EJE-14-1029. Epub 2015 Feb 3. PubMed PMID: 25650403.

³⁾

Tirakotai W, Riegel T, Schulte DM, Bertalanffy H, Hellwig D. Neuroendoscopic stent procedure in obstructive hydrocephalus due to both foramina of monro occluding craniopharyngioma: technical note. *Surg Neurol*. 2004 Mar;61(3):293-6; discussion 296. PubMed PMID: 14985010.

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