

Interferon-alfa

Refractory cases of [chronic immune demyelinating polyradiculoneuropathy](#) may be treated with IV gamma-globulin, cyclosporin-A, total body lymphoid irradiation or [interferon- \$\alpha\$](#) ¹⁾.

Interferon- α presents a safer treatment option, with reduced complications and minimal side effects.

While intrathecal and intraventricular administrations of interferon have been in use for many years for the treatment of infectious, inflammatory, and malignant conditions, intracystic treatment with this agent for craniopharyngioma is relatively new.

The first report of its effectiveness in the pediatric population was published in 2005.

Intraventricular interferon- α has been associated with transient arachnoiditis and chronic fatigue syndrome.

Complications/toxicities described in pediatric [craniopharyngioma](#) patients are not common but include headaches, fever, fatigue, and arthralgias.

Those symptoms are, however, mostly transient and wean off as therapy continues. Based on the reported experience, a standard of care protocol for intracystic interferon- α administration was developed at SickKids in Toronto.

It is worthwhile noting that 3 patients were initially treated with decompression alone, with follow-up ranging between 8.5 and 38 months. This suggests that cyst drainage may postpone other treatments, potentially reducing hypothalamic and pituitary insufficiency rates during childhood, a critical time for growth and development.

Interferon-alfa for high-grade glioma

[interferon-alfa for high-grade glioma](#).

interferon-alfa for craniopharyngioma

[interferon-alfa for craniopharyngioma](#)

¹⁾
Gorson KC, Ropper AH, Clark BD, et al. Treatment of Chronic Inflammatory Demyelinating Polyneuropathy with Interferon-a 2a. Neurology. 1998; 50:84-87

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