

Papillary craniopharyngioma diagnosis

- FAP as a prognostic biomarker and radiomics-based predictor of angiogenesis-associated recurrence in Adamantinomatous craniopharyngioma
- Methylation and gene expression patterns in adamantinomatous craniopharyngioma highlight a panel of genes associated with disease progression-free survival
- EEA for sellar chondrosarcomas: case series with literature review
- Quality of life in pediatric patients treated with adjuvant proton radiation for craniopharyngiomas
- Prolactin serum concentrations in childhood-onset craniopharyngioma patients
- Machine learning method based on radiomics help differentiate posterior pituitary tumors from pituitary neuroendocrine tumors and craniopharyngioma
- Assessment of Clinical and Neurological Alterations Before Radiation Therapy in Children With Malignant Brain Tumours
- Pituitary Blastoma: Expanding the Spectrum of Histopathological Findings in a Young Adult With DICER1 Mutation

Papillary craniopharyngiomas tend to be more spherical in outline and usually lack the prominent cystic component; most are either solid or contain a few smaller cysts. Calcification is uncommon or even rare in the papillary subtype, a fact often forgotten.

These tumors tend to displace adjacent structures.

MRI

cysts when present, they are variable in signal T1: 85% are T1 hypointense 4 solid component T1: iso- to slightly hypointense to brain T1 C+ (Gd): vivid enhancement T2: variable/mixed MR spectroscopy: cyst contents does not show a broad lipid spectrum as they are filled with aqueous fluid

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