Pediatric intracranial tumor complications

Factors associated with new postoperative neurological deficit (POND) were mannitol use and to certain extent massive blood transfusion (MBT). The variables associated with prolonged LOHS were reintubation and to certain extent POND. The anaesthetic technique, location of tumour, tumour histology and extent of tumor resection did not influence the occurrence of new POND or prolonged length of stay (LOHS) in infantile intracranial tumour surgery. Further prospective studies with larger sample size are required for confirmation of these findings and identification of new peri-operative risk factors ¹⁾.

A study investigated the long-term endocrine effects of childhood-onset brain tumors in a large number of patients. This study included 151 patients with brain tumors diagnosed between January 1995 and December 2016. The following data were retrospectively reviewed: tumor location, tumor histology, endocrine abnormalities, hypothalamic involvement on brain imaging, treatment modalities, and trends in body mass index. The mean age at diagnosis of patients with sellar/suprasellar (SE/SUP-SE) tumors and supra/infratentorial (ST/IT) tumors was 9.9 ± 4.5 and 6.5 ± 4.2 years, respectively. In patient with prepubertal age at diagnosis, height standard deviation score was lower in patients with SE/SUP-SE tumors at diagnosis (P = 0.031), which was lower in patients with ST/IT tumors at the final visit (P < 0.001). The prevalence of combined pituitary hormone deficiencies was higher among patients with SE/SUP-SE tumors than in those with ST/IT tumors (81.7 vs. 36.1%, P < 0.001). Among 98 non-obese patients with SE/SUP-SE tumors, 36.7% developed obesity. The prevalence of combined pituitary hormone deficiencies and obesity was higher in patients with SE/SUP-SE tumors than in those with tumors; growth impairment was more severe in patients with ST/IT tumors 2 .

1)

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