

Third Ventricle Germ Cell Tumor

Case reports

A rapidly expanding third ventricle [germ cell tumor](#) (GCT). A 14-year-old boy suffered from gradual-onset central [diabetes insipidus](#) (DI) and received [desmopressin](#) treatment. [Magnetic resonance imaging](#) (MRI) showed nonspecific findings of the pituitary-hypothalamic axis. Nine months after the initial DI diagnosis, he developed progressively worsening [headache](#). MRI demonstrated a [third ventricle tumor](#) causing [noncommunicating hydrocephalus](#), although an MRI 16 weeks before admission did not show the lesion.

They performed [gross total resection](#) (GTR) of the tumor in 2 stages: a [translamina terminalis approach](#) and an [extended transsphenoidal approach](#). The lesion was histologically diagnosed as immature [teratoma](#) with some [germinoma](#). His noncommunicating hydrocephalus resolved after surgery. Through postoperative radiochemotherapy (whole ventricle: 23.4 Gy/13 fractions, tumor bed: 27.0 Gy/15 fractions, and 3 courses of carboplatin-etoposide), he has been in complete remission at the 3-year follow-up and has continued his high school program. This case suggests the following: (1) a mixed GCT originating from the neurohypophysis/infundibulum can show rapidly expansive growth in a child with central DI; (2) GTR and adjuvant radiochemotherapy can result in a good therapeutic outcome in rapidly expanding GCT; and (3) the extended transsphenoidal approach is a complementary approach to transcranial resection of anterior third ventricle GCTs ¹⁾.

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Yoneoka Y, Yoshimura J, Sano M, Okada M, Kakita A, Fujii Y. Third Ventricle Germ Cell Tumor Originating from the Infundibulum with Rapidly Expansive Enlargement. *Pediatr Neurosurg*. 2017 Sep 26. doi: 10.1159/000480021. [Epub ahead of print] PubMed PMID: 28946146.

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Last update: **2024/06/07 02:56**

