

Craniopharyngioma Audit, Single centre experience

Authors J.Abbas, P.Kane, V. Arutchelvam

Hospital The James Cook University Hospital Middlesbrough TS4 3BW UK

OBJECTIVES

Craniopharyngioma is a benign tumour of the suprasellar region that is associated with increased morbidity and mortality in comparison to other causes of hypopituitarism. We aimed to establish the mode of presentation, investigations, treatment outcomes, mortality and subjective improvement in patients with craniopharyngioma in a single institution over 10 years.

METHODS

Retrospective case notes review of patients with CP on endocrine register between 2000 and 2010. Clinical records of eligible patients were reviewed and information regarding clinical presentation, medical and surgical management and post treatment outcomes were extracted and collated.

Symptoms at presentation:

Of 29 evaluable patients, the commonest presenting symptoms were headache(79%) and visual impairment(75%). Other symptoms at time of presentation were vomiting(27%), cognitive dysfunction(3.4%), weight gain(34.4%), reduced conscious level(3.4%), poor energy level(68.9%), somnolence(13.7%), loss of libido(13%) and polyuria(13.7%). Clinical evaluation undertaken prior to surgery revealed visual dysfunction in 72% and cranial nerve palsy in 17.2% of these patients.

Imaging: 100% patients of Craniopharyngioma have CT/MRI scan but only 41% of them had tumour size more than 4cm

RESULTS

Surgical out comes: Gross total resection was achieved in 41.3% but was curative in only 20%. The remaining 80% required further surgical and/or radio therapeutic intervention. 72% patients had radiation therapy with stabilisation in 70%. Reduction in tumour size was achieved in 86% of patients. CSF leak was 18% post surgical intervention. Visual field were fully recovered in only 27.8% of patients after surgery and radiotherapy. 26% patients have only partial recovery of visual field defect.

Endocrine out comes: Multiple pituitary hormone deficiency evolved patients have reported improvement in their condition but 18% of these patients reported that their condition got worse after intervention.

Mortality: In this cohort of patients all cause mortality was 31%. Tumour related mortality was 25%. In all patients over time, the commonest were hypothyroidism(79%) and ACTH deficiency(72%). Other hormonal deficiencies were gonadotrophin(45%), Diabetes insipidus(41%), and GH def(14%). Although neurocognitive, psychological and behavioural problems were noted for some patients during medical review, only 20% of patients were formally assessed.

Subjective Improvement in condition: It was assessed by follow up clinic letters that 59%

CONCLUSIONS

Craniopharyngioma is associated with significant long-term morbidity. Attention to an integrated care pathway that includes standardised neurocognitive and psychological and behavioural assessment would facilitate early appropriate intervention and support leading to an improved quality of life of patients with craniopharyngioma.

Contact

Dr Jehangir Abbas
The James Cook
University Hospital
Middlesbrough TS70LN
UK.
jehangir11@yahoo.com

