Catholic Health
St. Charles Hospital

36-year-old female with Adamantinomatous Craniopharyngioma

Presenter:
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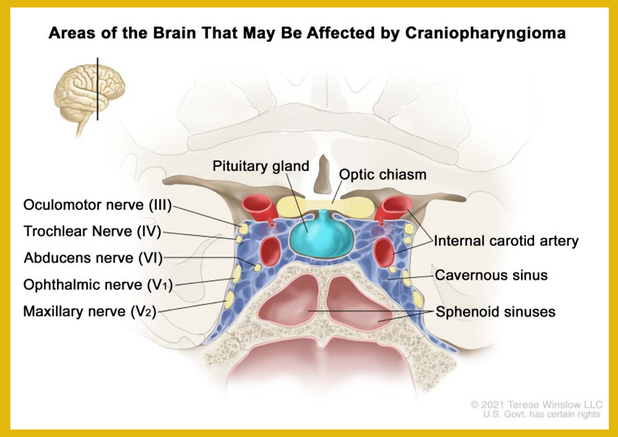
Introduction

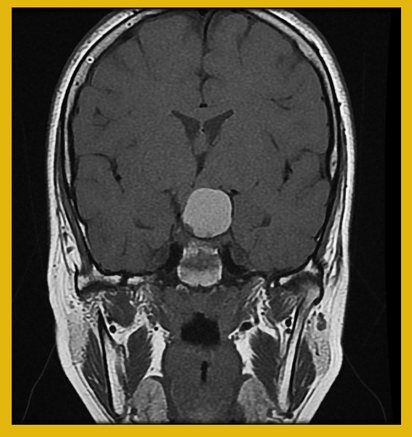
Craniopharyingiomas present most often in children less than 9 years-old and people age 55 or older.

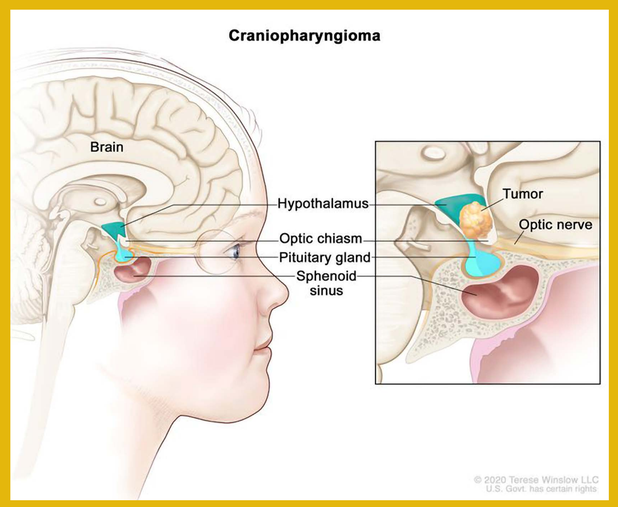
Case Description

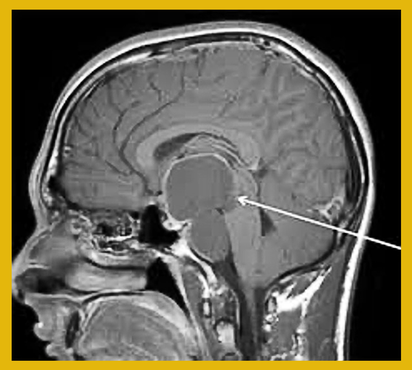
- A 36-year-old female presented with weeks of cognitive delays, poor balance, and left monocular temporal hemianopia.
- Her brain MRI showed suprasellar cistern mass extending into the third ventricle.
- A craniotomy was performed, and pathology confirmed the diagnosis of Adamantinomatous Craniopharyngioma.
- Upon admission to the acute rehabilitation facility, she ambulated using a rolling walker, showed impairments with her receptive and expressive language skills and increased processing time.
- Two weeks later, she no longer relied on any assistive device, her receptive language skills returned to baseline and her cognitive deficits improved from moderate to mild.
- Her expressive language deficits and her visual field remained unchanged.
- Her laboratory values showed hypothyroidism, hypernatremia, and hypocortisolism which were managed with levothyroxine, desmopressin, and hydrocortisone, respectively.
- The patient was discharged home with instruction to follow-up with neurosurgery to receive adjuvant radiotherapy.

Patients with **Adamantinomatous Craniopharyngioma** are **rare** and may present with a number of symptoms due to the tumor's **critical location**.









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Discussion

- Craniopharyngiomas affect 0.5 to 2 people per million each year and exhibit a bimodal distribution: patients aged 0 to 14 years and 50 to 74 years.
- Although the patient's epidemiologic data does not fall within the bi-modal distribution of this rare disease, the patient nevertheless displayed typical symptoms. ACP are caused by neoplastic transformation of cells from the craniopharyngeal duct.
- Due to the location of the tumor, ACPs often compress surrounding structures such as the pituitary, optic chiasm, ventricles, and hypothalamus.
- Most interesting may be the presentation of the left monocular temporal hemianopia as it provides us with the best information to locate the tumor without the use of imaging.
- This symptom indicated the mass must be locate on the left side, close enough to the optic chiasm preventing the decussation of the left nasal retinal fibers but to anterior to affect the right nasal retinal fibers.

Conclusion

ACPs can affect a multitude of organs due their central location near the optic nerves, pituitary, and ventricles.

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