Retroclival craniopharyngioma

Case illustration

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This previously healthy 18-year-old woman presented with a 5-year history of progressive headaches and posterior cervicalgia. Six months before admission, the patient’s symptoms had become rapidly more intense, and she sought medical attention multiple times at another institution’s emergency room. Because of the progressive and severe nature of her symptoms, a computerized tomography (CT) scan of the brain was obtained, and it revealed a non-calcified retroclival lesion (Fig. 1). A magnetic resonance (MR) study was then obtained, which revealed a cystic tubular retroclival mass that extended from the optic chiasm to the foramen magnum (Fig. 2). Preoperative neurological examination revealed no deficits. To best expose this lesion throughout its entire retroclival extension, we elected to perform a left suboccipital craniectomy. Gross-total resection of the cystic lesion, which was filled with amber-colored fluid, was confirmed on postoperative MR images. The findings on pathological examination of the lesion were consistent with craniopharyngioma. Postoperatively, the patient’s headaches and cervicalgia resolved.

Craniopharyngiomas with retroclival extension have been previously reported, but radiographically they usually have an expansive suprasellar component and extensive erosion of the dorsum sellae.1 Because neither finding was present in our patient, preoperative diagnosis of this radiographically unusual lesion was difficult. Complete excision and pathological diagnosis constitute the treatment of choice for such masses.2

References


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Fig. 1. Axial nonenhanced CT scan demonstrating an isodense extraxial mass (white arrow) anterior to the basilar artery and brainstem.

Fig. 2. Sagittal (left) and axial (right) T1-weighted MR images demonstrating a hyperintense tubular mass in the prepontine cistern that is distorting the pons. It extends superiorly to the optic chiasm.