Overview:

Tumour Group:
Non-Malignant Brain Tumours

WHO Grade:
Grade I

Prevalence/Incidence:
Cranipharyngiomas account for 1.2 - 4.6% of all intracranial tumours

Typical Age Range:
They are most common in children aged 5 to 15 years and adults aged 45 to 60 years.

Description of Tumour:
A tumour that usually develops near the pituitary gland (a small endocrine gland at the base of the brain). Cranipharyngiomas are intracranial tumours that are typically both cystic and solid in structure.

Cranipharyngiomas often not discovered until they press on important surrounding structures.

- Grows in the regions of the optic nerves and the hypothalamus, near the pituitary gland
- Most common in the parasellar region, an area at the base of brain and near the optic nerves
- Often accompanied by a cyst
- Originates in cells left over from early fetal development
- Tends to be low-grade.
Symptoms:
Common symptoms include, but are not necessarily limited to:

- Delayed development in children
- Headaches
- Visual changes
- Weight gain
- Fatigue
- Excess thirst and urination.

Treatment/Standard of Care:
- Surgery is the most common treatment. Craniopharyngiomas can be difficult tumours to resect, and open versus endoscopic approaches are sometimes possible. It is important that patients are referred to neurosurgeons with expertise in craniopharyngioma surgery
- Radiation therapy is often used following surgery or if there is a recurrence of the tumour
- Complete removal of this tumour is possible if it is in a favourable location.

Prognosis:
Craniopharyngiomas are generally considered Grade I and tend to have the most favourable survival rates compared to other higher grade brain tumours. After either open or endoscopic surgery, sometimes also using radiation therapy, patients with craniopharyngiomas can have long-term survival but recurrences are possible and repeated treatments necessary.

For more details, please refer to braintumour.ca.