



MRI Imaging of Craniopharyngioma

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Clinical Image

It is a benign epithelial tumor arising from squamous cell rests in the sellar or suprasellar region arising from involuted Rathke-hypophyseal duct [1,2]. We present a case of 12 year female with characteristic MR imaging features [1,3].

We present a case of 12 year female presenting with headache, vomiting and visual disturbances in the form of hemianopsia. MRI images show a well defined multiloculated multicystic suprasellar mass with enhancement of solid component and wall on post gadolinium images (Figure 1).

It is a benign epithelial tumor arising from squamous cell rests in the sellar or suprasellar region arising from involuted Rathke-hypophyseal duct [2,4].

Peak age of presentation is 10 to 12 in case of adamantinomatous and 45 to 60 in case of papillary tumors. Most common symptoms are headache, vomiting and visual (bitemporal hemianopsia) and symptoms due to hormonal deficiencies [2,4,5].

Key imaging diagnostic clues [1,3,6,7]

1. Cystic suprasellar mass with enhancing solid component and calcification.

Differentials [1,6,7]

1. Rathke cleft Cyst- no solid component, no calcification.
2. Macroadenoma- Intrasellar, no calcification.
3. Teratoma- presence of fat.

It is a benign epithelial tumor arising from squamous cell rests in the suprasellar region arising from involutes Rathke-hypophyseal duct [2,4,5]. It has a characteristic MR imaging features i.e., suprasellar, cystic, solid component which distinguish from other masses in this region [5].

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Received Date: 12 Dec 2018

Accepted Date: 08 Jan 2019

Published Date: 10 Jan 2019

Citation:

Rana L, Sood D, Chauhan N, Gurnal P, Manjuswamy HR. MRI Imaging of Craniopharyngioma. *Ann Clin Case Rep.* 2019; 4: 1576.

ISSN: 2474-1655

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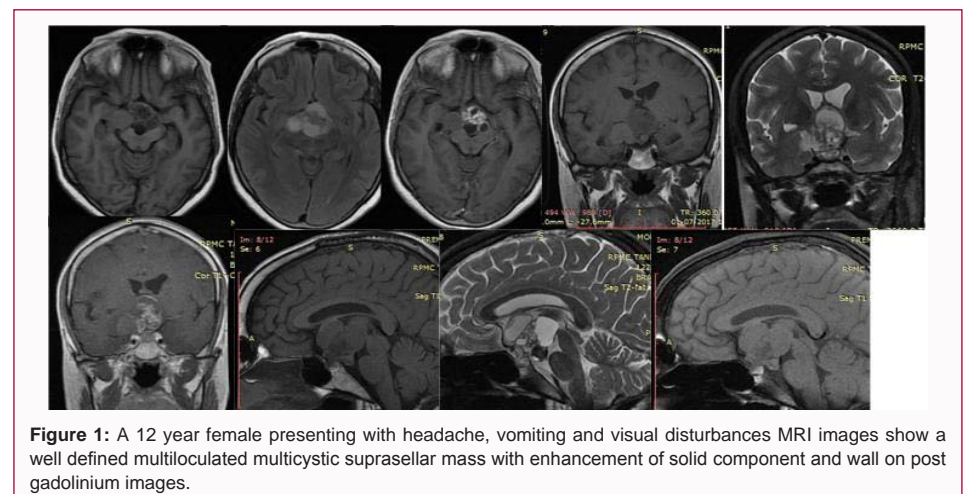


Figure 1: A 12 year female presenting with headache, vomiting and visual disturbances MRI images show a well defined multiloculated multicystic suprasellar mass with enhancement of solid component and wall on post gadolinium images.

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