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ENDOSCOPIC APPROACH TO CRANIOPHARYNGIOMA

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Resumen

Introduction: Craniopharyngioma is a dysembryogenetic benign tumor usually located in the suprasellar cistern with a high tendency to invade critical neurovascular structures. We present our surgical management in this pathology and our experience in endonasal endoscopic surgical approach (EEA).

Results: The cohort comprised 28 patients operated between 2012 and 2016 in our hospital (17 male, 11 female). Intrasellar, prechiasmatic and some of retrochiasmatic craniopharyngiomas were operated by EEA (12 patients). Pure intraventricular or tumors with lateral extension were both approached transcranially. Total and subtotal resection was achived in 50% and 33% of cases by EEA. 33% presented hypopituitarism and diabetes insipidus. 16% of CSF leak in EEA cohort.

Discusion: The mainstay of craniopharyngioma management has been excisional cytoreduction, with an initial attempt at GTR if possible. Over the last 10 years, extended EEA (transplanum-transtuberculum corridor) have been successfully employed in an increasing number of suprasellar tumors. After a short and progressive surgical learning curve we can offer same or better results in terms of resection and safety in selected cases of craniopharyngioma with extended EEA compared to transcranial approach.

Conclusions: Craniopharyngiomas still remains a neurosurgical challenge. Location, consistente, size and tumoral extensión are important factors to determine the best surgical approach (transcranially or EEA). We can achive > 80% of total or subtotal resection in craniophanyngioma with extended EEA.