

Craniopharyngioma

Information sheet 07

Introduction

Our information on craniopharyngiomas will help you talk with your doctor or medical team about your condition. It should not be used as a substitute for professional care.

What is a craniopharyngioma?

A craniopharyngioma is a benign tumour that develops near the pituitary gland – a small, pea-sized, oval-shaped gland at the base of the brain.

The pituitary gland controls a system of hormones in the body that regulate growth, the metabolism, stress response and functions of the sex organs.

Who is affected?

This type of tumour most commonly affects children between the ages of five and ten. However, adults sometimes have this type of tumour. Boys and girls are equally likely to develop this condition.

What are the symptoms?

Craniopharyngioma causes symptoms in three different ways:

- by increasing the pressure on the brain (intracranial pressure). This can cause headache, nausea, vomiting (especially in the morning), and problems with balance;
 - by affecting the pituitary gland and causing hormone imbalances that can lead to excessive thirst and urination in some cases, and stunted growth;
 - by damaging the eye nerve (optic nerve), causing problems with vision.
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How is a craniopharyngioma diagnosed?

Your doctor (or your child's doctor) will do a neurological examination (nerve test) to assess if the tumour is affecting any of the functions controlled by your brain.

Once doctors suspect a brain tumour, you (or your child) will have to undergo further tests which may include

CT scan (Computed Tomography) is a specialised x-ray which will build up a three-dimensional picture of the inside of the body. It will take 20-30 minutes. CT scans use a small amount of radiation, unlikely to harm your child or anyone they come into contact with.

MRI scan (Magnetic Resonance Imaging) builds a picture of the inside of the brain using magnetism instead of x-rays. It gives very clear pictures of the brain and will show where and how big the tumour is. During the scan, you or your child will be asked to lie very still on a couch inside a long tube for about 30 minutes. It is painless but can be quite uncomfortable, and some people may feel claustrophobic during the scan. It is also quite noisy, but you or your child may be given earplugs or headphones.

Can a craniopharyngioma be treated?

Surgery

As with most brain tumours, the main treatment is surgery to remove as much of the tumour as possible, if it is solid. Some tumours are filled with fluid and these cannot usually be completely removed.

The surgeon may remove most of the tumour, insert a tube to remove fluid from the tumour or create a tunnel from the tumour into one of the natural fluid filled spaces in the brain.

The aim of surgery is to remove as much of the tumour as possible, without causing damage to the surrounding brain tissue. As it is rarely possible to remove the tumour completely, surgery will be followed up with radiotherapy and/or chemotherapy.

Radiotherapy

Radiotherapy is the use of high energy x-rays to destroy cancer cells while doing as little harm as possible to surrounding normal cells.

The cells that grow and divide quickly (cancer cells) are much more sensitive to radiation than non-dividing, resting (normal) cells.

In the brain most normal cells and certainly the important nerve cells (neurons) do not divide. This means that radiotherapy will be much more damaging to the tumour than to the surrounding brain. Nevertheless, the specialists try to make sure as few normal cells as possible are affected by the treatment.

Radiotherapy may be the best choice for some patients. It can slow down the growth of the tumour and keep it under control for a while.

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