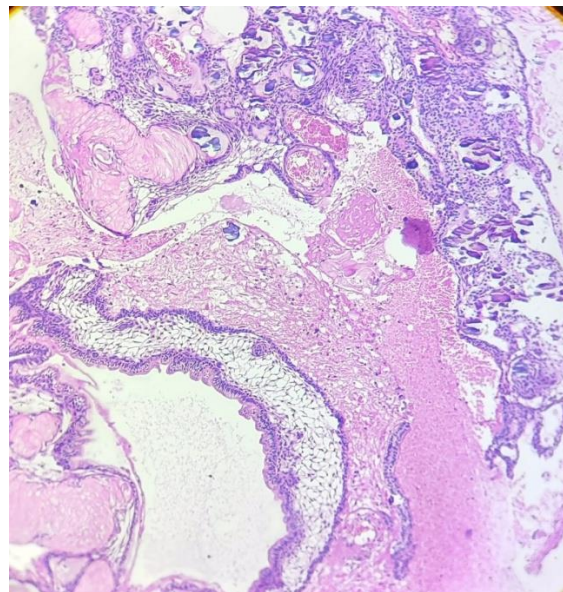
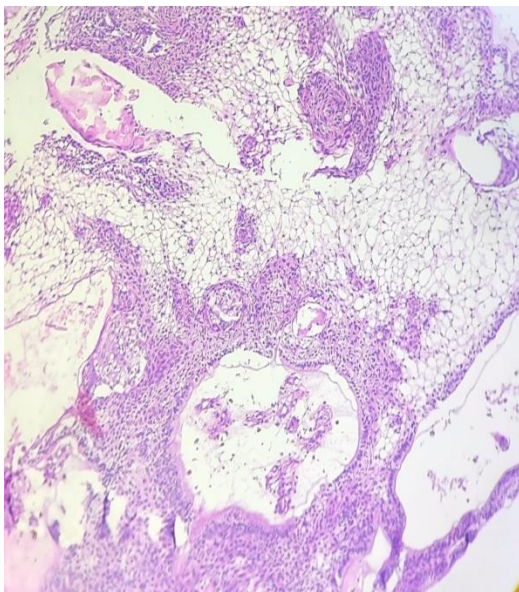
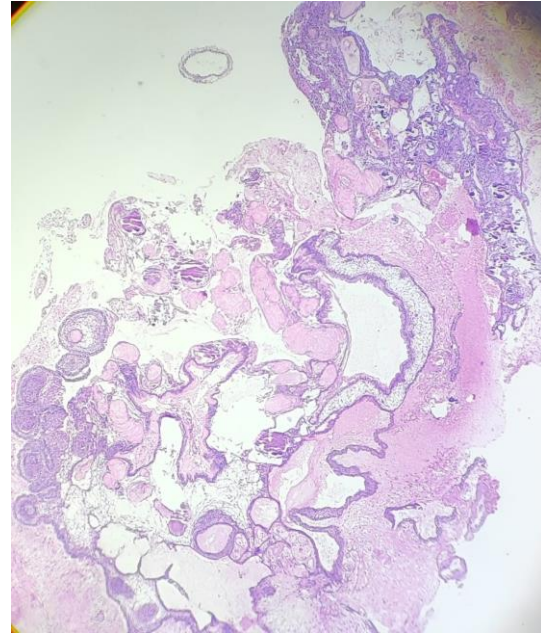


Case of the week 13.05.2023
Adamantinomatous craniopharyngioma

Clinical history- 13 years female presented with headache since 1 month.

MRI – Contrast enhancing sellar, suprasellar with extension to third ventricle.



Gross –Received multiple grey white to grey tan soft tissue bits largest bit measuring 4x3x2cm and smallest bit measuring 3x3 cm.

Microscopy – Sections studied show glial tissue with tumor consisting of cords, nodules and whorls of non keratinising squamous epithelial cells with peripheral palisading. Peripheral cells surround stellate reticulum. Wet keratin, focal gliosis, foci of calcifications and epithelial ghost cells are also noted.

Impression – Adamantinomatous craniopharyngioma.

Discussion - Craniopharyngioma constitute 1.2-4.6% of intracranial tumors. There are two types Adamantinomatous craniopharyngioma and Papillary craniopharyngioma. Adamantinomatous craniopharyngiomas are common than Papillary craniopharyngioma. Adamantinomatous craniopharyngioma is a benign epithelial neoplasm of suprasellar or sellar region with bimodal age distribution of 5 to 15 years and 45 to 60 years. Clinical features include headache, growth failure, visual disturbances and endocrine deficiencies. Papillary craniopharyngioma shows papillary pattern of tumor tissue. Nodular pattern, wet keratin and calcifications are not seen in papillary craniopharyngioma.