



Childhood craniopharyngioma: clinical picture at diagnosis in an Italian multicentre study

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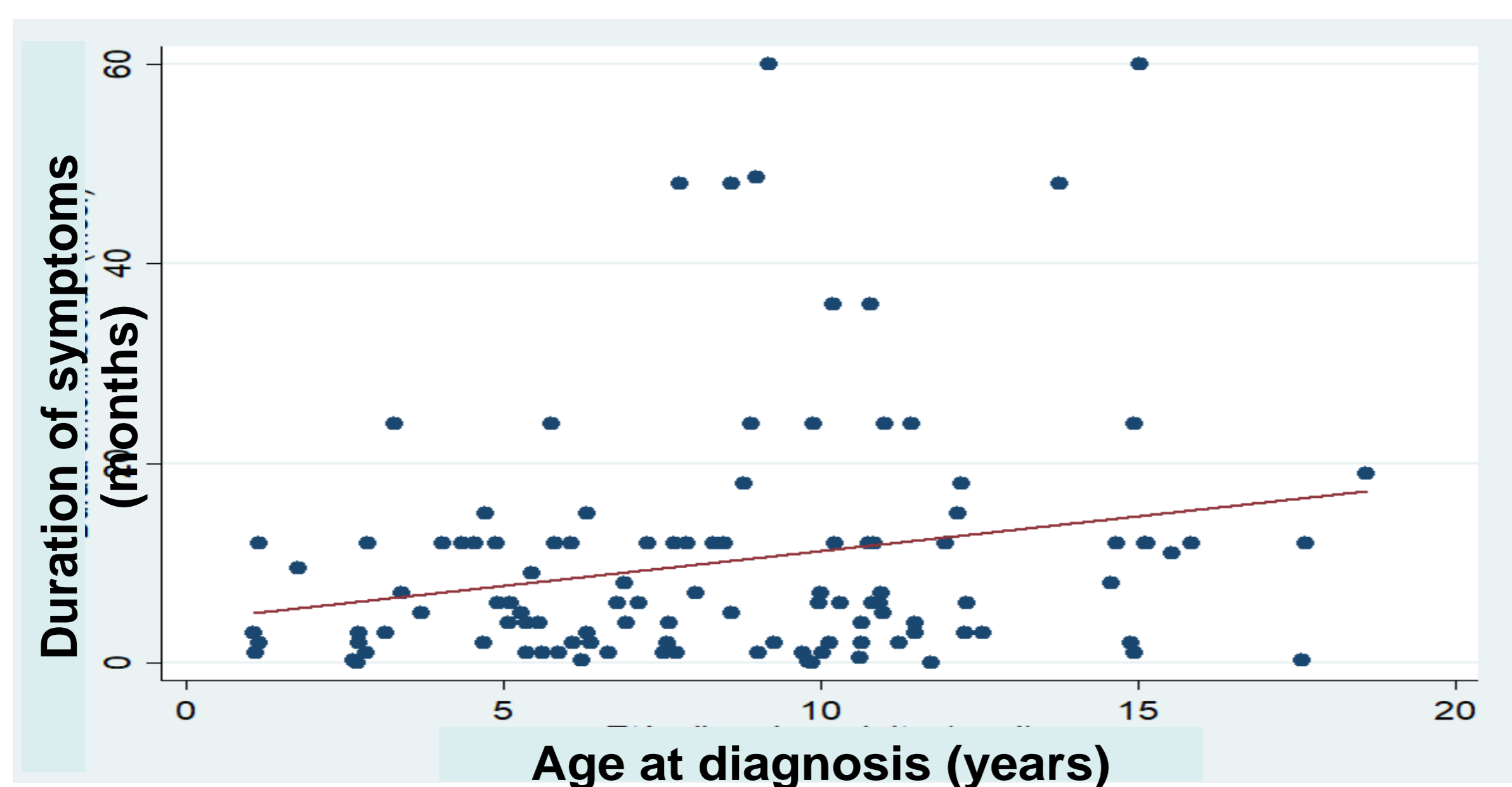
Background: Diagnosis of craniopharyngiomas (CP) in childhood is often delayed due to non specific symptoms.

Objective: We retrospectively reviewed auxological data, clinical presentation, duration of symptoms, tumor location of 117 patients (M/F 56/41) diagnosed after 01/01/2000, followed-up in 14 Italian centers of pediatric endocrinology belonging to the Italian Society for Pediatric Endocrinology and Diabetology (see also poster 401-P1)

Results: The patients were treated in 18 different centers across Italy. Median age at diagnosis was 8.3 years (yrs) (range 0.1-18, one case diagnosed prenatally). Height-SDS: -1 ± 0.13 ; Weight-SDS: -0.33 ± 0.15 .

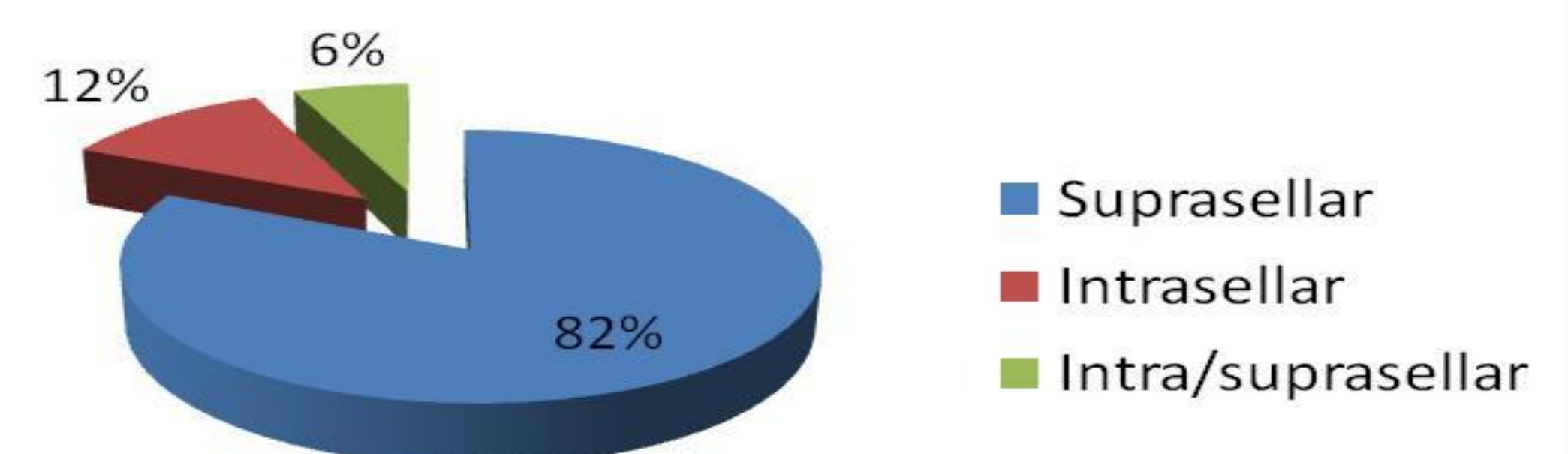
Median duration of symptoms was 10.2 ± 12.4 months (mo) (range 0-60 mo)

CORRELATION OF DURATION OF SYMPTOMS AND AGE



Duration of symptoms was positively correlated with age ($r=0.21$, $p=0.02$) (especially in patients younger than 7 yrs)

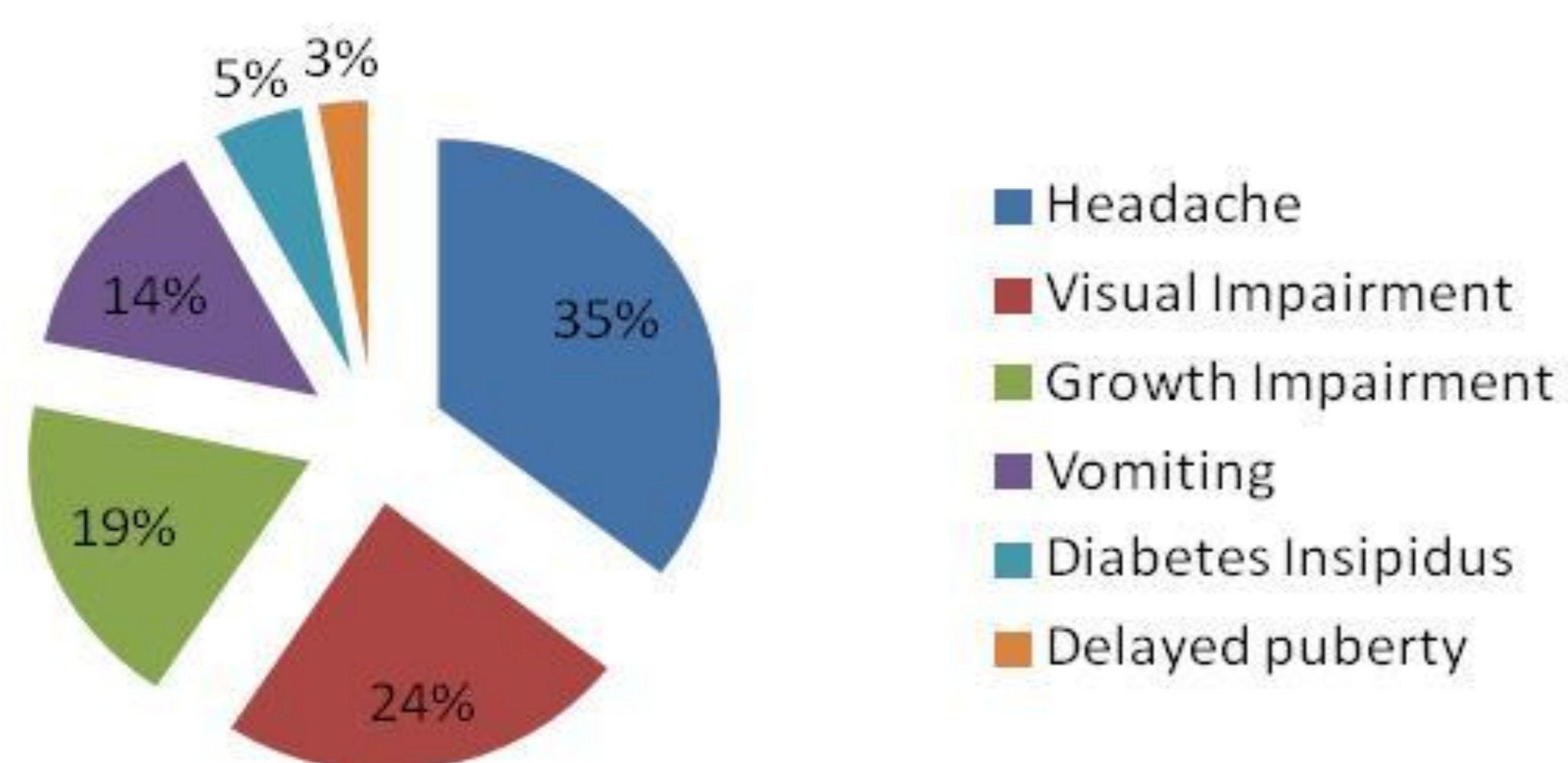
Tumor location



Tumor size, location (intra/suprasellar) and third ventricle involvement were not related to duration of symptoms

OVERWEIGHT : BMI-SDS at diagnosis was positively correlated with suprasellar location ($p=0.03$)

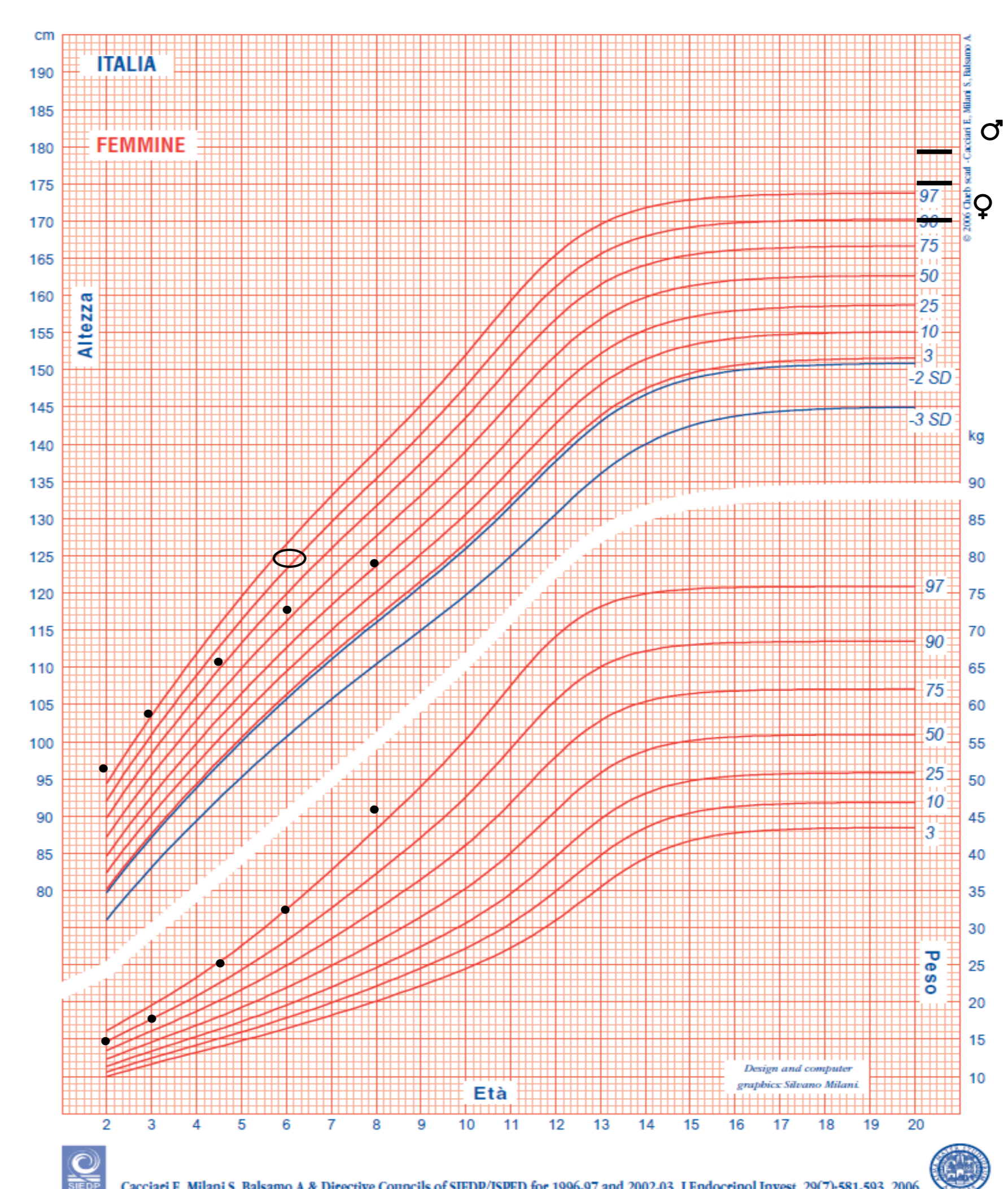
Symptoms at diagnosis



53% of patients presented with ≥ 2 symptoms (most frequent association: headache plus visual impairment or vomits)

ENDOCRINE DEFICITS (60 % of patients):

- 1- GH Deficit 65%
- 2- TSH Deficit 37%
- 3 - ACTH Deficit 5.5%



Typical growth chart of CF: slowing of growth velocity and increasing weight

Conclusion:

Diagnosis of craniopharyngiomas (CP) in childhood is often delayed, especially in older children .

The hypothalamic involvement correlated with elevated BMI at diagnosis.

Headache with visual deficits and growth impairment should be considered alarming symptoms.

