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Neoplasm**Cortical seeding of a craniopharyngioma after craniotomy: case report****André de Macedo Bianco MD^a**, **Lucas Vieira Madeira MD^a**, **Sérgio Rosemberg MD^b** and **Milton Kasunori Shibata MD^a**^aDepartment of Neurosurgery, 9 de Julho Hospital, 01409-001 São Paulo, Brazil^bDepartment of Neuropathology, 9 de Julho Hospital, 01409-001 São Paulo, Brazil

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Abstract**Background**

Cortical seeding of a craniopharyngioma has been rarely reported. We present a case that ectopically recurred along the tract of a previous surgical route.

Methods

A 27-year-old woman presented earlier with a suprasellar craniopharyngioma. A left frontotemporal craniotomy was done with

subtotal resection of the tumor because it was strongly adhered to the optic chiasm. Histopathology confirmed the diagnosis of craniopharyngioma. Six months after, the patient presented with decreased visual acuity and diplopia. She was reoperated through the previous craniotomy with a total resection. One year after the second surgery, the patient presented with seizures that were difficult to control. Magnetic resonance imaging revealed a contrast-enhancing tumor with cystic and solid components on the left temporal lobe cortex. The primary tumor bed was intact. The patient was reoperated, and the temporal lobe tumor was totally removed. Histologic studies showed an adamantinomatous craniopharyngioma. The patient was free of neurologic abnormalities, and no new lesion was found in the magnetic resonance imaging performed 1 year after the last surgery.

Conclusions

Although craniopharyngiomas exhibit a benign histopathologic pattern, a total resection combined with careful inspection and irrigation of the surgical field is the optimal treatment for preventing local and ectopic recurrences. It is strongly recommended that the concerned patients have a long-term clinical and neuroimaging follow-up.

Keywords: Craniopharyngioma; Ectopic recurrence; Surgical seeding

Abbreviations: MRI, magnetic resonance imaging



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