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A retroclival cystic craniopharyngioma

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A 14-year-old boy presented with headache, seizures, visual disturbance and vomiting. On neurological examination he had upgoing plantars. CT and MRI examination showed a large lobulated cystic lesion ventral to the midbrain, pons and medulla. The differential diagnoses considered were enterogenous cyst, arachnoid cyst, epidermoid tumor, and craniopharyngioma (1). Since the lesion was not of CSF signal intensity in all sequences and did not demonstrate restricted diffusion, the diagnosis of a craniopharyngioma was considered.

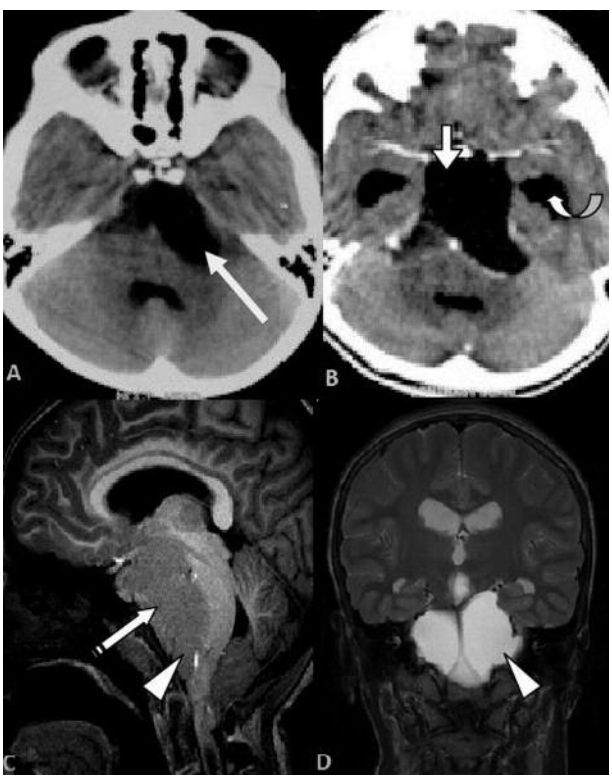

Fig. 1. — Plain and post contrast CT shows a non enhancing cystic lesion in the suprasellar cistern (short arrow) with extension into the prepontine (stripped arrow), cerebellopontine (long arrow) and lateral cerebellomedullary (arrow head) cisterns with hydrocephalus (curved arrow) (A, B). On T1 and T2 Weighted images the lesion does not mimic CSF signal (C, D).

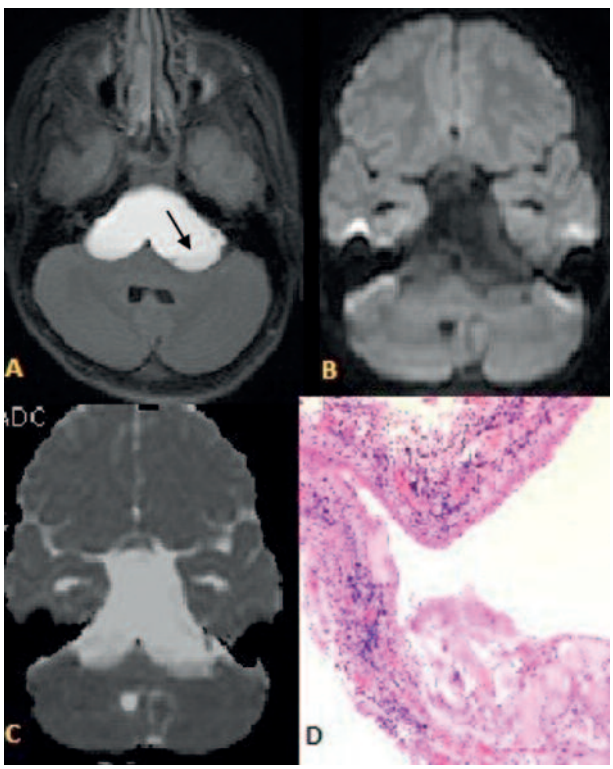

Fig. 2. — FLAIR image shows a fluid - fluid level (arrow) within the lesion (A). No restricted diffusion noted on DWI and ADC images (B, C). Cystic craniopharyngioma lined by lobules of "wet" keratin. (H&E ×100) (D).

During surgery, the content of the cyst was like machinery oil (2). Craniopharyngioma should be considered in the differential diagnoses of a cystic mass even if it is located predominantly in the retroclival region.

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