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Craniopharyngioma and hypothalamic hamartoma: Auxo-endocrinology changes to diagnosis and endocrine complications after surgical and/or medical treatment

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Introduction: The craniopharyngioma and hypothalamic hamartoma are two tumors location in the brain (above) saddle and hypotalamus, with a histologically benign but uncertain behavior.

Aim: To value auxo-endocrinological changes to the diagnosis and after surgical and/or medical treatments.

Material & Method: Mean of follow-up 7.0±5.2 years was studied. 25 babies were suffering with craniopharyngioma and 1 baby with hypothalamic hamartoma. For each subject, at diagnosis and during follow-up were detected at least once a year: Height (H), Weight (W) Pubertal development (In females: Breast (B), Pubic Hair (PH), Menarche; in the male: Genital (G), Pubic Hair (PH), Vol. Testicolare). H and W were evaluated by the standards of Tanner et al.; Mass Index (BMI) was evaluated with the standards of Rolland- Cacher etal. Pubertal development was assessed by the standards of Marshall and Tanner.

Endocrine Features: Baseline and/or after stimulation of GH, IGF-I, TSH, FT4, PRL, ACTH, cortisol, DEAS, insulin, E2, T, LH and FSH in pubertal Serum electrolytes, plasma osmolality and urinary.

Conclusion: Despite adequate replacement therapy, children with craniopharyngioma leave open several issues: High incidence of short stature 2DS (6/25 cases) high incidence of obesity (15/25 cases) marked hyperphagia (binge eating) with difficulty in controlling appetite, increased behavioral disorders and psychosocial. The baby with hypothalamic hamartoma showed only hyperactivity during follow-up.

Biography

Matteo Mariano has completed her PhD from Bologna University School of Medicine. She is a Specialist in Pediatrics and Pediatric Endocrinology and working in IRCSS GASLINI Hospital Genoa University. She has collaborated with Italian Society of Pediatric Endocrinology and Diabetology and Italian Society of Pediatric Gastroenterology Hepatology and Nutrition.

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