



## Ectopic Recurrence of Craniopharyngioma

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### Clinical Image

A 62-year-old, right-handed joiner, presented in 2006 with visual field disturbance. An MRI head revealed a 4 cm × 2 cm solid and cystic mass in the suprasellar cistern, separate from the pituitary gland; suggestive of a craniopharyngioma (Figure 1). The patient underwent pterional craniotomy and excision of tumour. Post-operative recovery was unremarkable and final histology results confirmed the diagnosis of craniopharyngioma.

Follow-up MRI scans revealed no evidence of residual disease and therefore, adjuvant radiotherapy was not considered. However, a surveillance scan in 2012 revealed a 7 mm peripherally enhancing extra-axial lesion in the right subfrontal region coincidentally close to the site of the right pterional craniotomy (Figure 2). This was initially thought to be insignificant and was followed up with yearly surveillance imaging. The lesion appeared to have cystic and solid enhancing components and was, by 2015 felt certain to be increasing in size (Figure 3). Following MDT



Figure 1: Non-contrast CT head axial image demonstrating a suprasellar mass.

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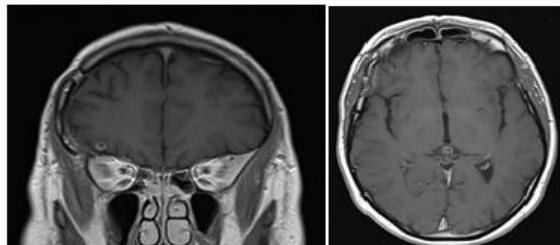


Figure 2: Post contrast MRI Head showing a peripherally enhancing right frontal extra-axial abnormality. A) T1 weighted gadolinium enhanced coronal image. B) T1 weighted gadolinium enhanced axial image.

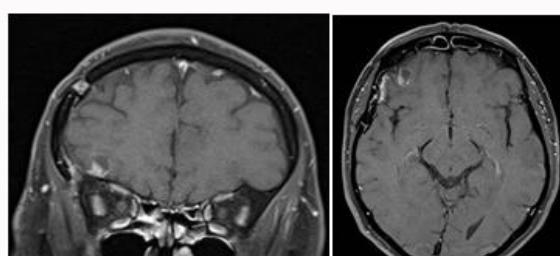
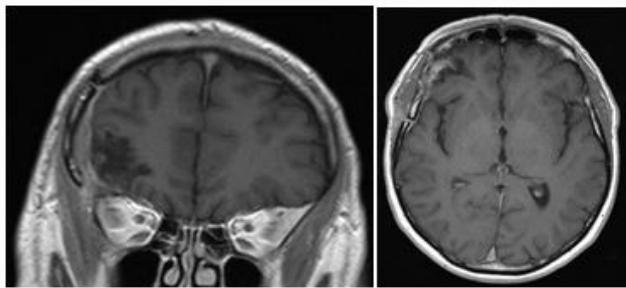


Figure 3: Post contrast MRI Head showing a peripherally enhancing lesion with cystic components lying adjacent to the prior right pterional craniotomy which has increased in size. A) T1 weighted gadolinium enhanced coronal image. B) T1 weighted gadolinium enhanced axial image.



**Figure 4:** Post contrast MRI Head demonstrating complete resection of the lesion. A) T1 weighted gadolinium enhanced coronal image. B) T1 weighted gadolinium enhanced axial image.

discussion, the progressive changes observed in the right frontal pole were felt most likely to represent a recurrent craniopharyngioma, presumed seeded from the time of the original operation. The patient was counselled and underwent exploratory craniotomy and excision said subfrontal lesion. Histology confirmed diagnosis of recurrent craniopharyngioma. Follow-up imaging at 3 months post resection of recurrent craniopharyngioma demonstrated complete resection (Figure 4).

Ectopic recurrent craniopharyngioma is a very uncommon presentation [1-3]. There are currently only 18 reported cases in the adult population [4]. Reported cases suggest that majority of them occur within five years of surgery; similar to our patient [4]. The most probable mechanism suggested is seeding along the surgical route which would seem the most likely explanation in this case [5-9].

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