

Sellar Lesions/Pathology



Damien Bresson, MD^a, Philippe Herman, MD^b, Marc Polivka, MD^c,
Sébastien Froelich, MD^{d,*}

KEYWORDS

- Sellar lesions • Pituitary tumors • Pituitary adenomas • Craniopharyngiomas
- Rathke's cleft cysts • Meningiomas

KEY POINTS

- Sellar conditions, dominated by pituitary adenomas, is extremely rich.
- Clinical symptoms are mainly visual and endocrine.
- Neuroimaging associated with careful clinical evaluation and adequate endocrinologic biochemical workup allows the diagnosis of most lesions preoperatively.
- Intrасellar aneurysm is rare but needs to be ruled out before any surgery to prevent dramatic bleeding.
- MRI and angio-computed tomography are needed for preoperative planning and intraoperative navigation.

INTRODUCTION

The sellar region is located in the central portion of the skull base, behind the posterior wall of the sphenoid sinus and between both cavernous sinuses. The pituitary gland formed by the adenohypophysis (anterior pituitary) and the neurohypophysis (posterior pituitary), lies in the sella turcica. Suprasellar growth is the main axis of extension of sellar tumors. The medial wall of the cavernous sinus that separates the pituitary fossa from the cavernous sinus is weak so that sellar tumors frequently infiltrate the cavernous sinus. Tumors of the pituitary gland and sellar region account for approximately 10% to 15% of all brain tumors and a large variety of neoplastic, inflammatory, vascular, or developmental lesions can be found in this region. Most tumors are pituitary adenomas (PAs) (9%) ([Table 1](#)).¹

Disclosures: No conflict of interest.

^a Neurosurgery Department, Assistance Publique-Hôpitaux de Paris, 2 rue Ambroise Paré, Paris 75010, France; ^b ENT Department, Lariboisière Hospital, Université Paris VII - Diderot, 2 rue Ambroise Paré, Paris 75010, France; ^c Department of Pathology, Lariboisière Hospital, 2 rue Ambroise Paré, Paris 75010, France; ^d Neurosurgery Department, Assistance Publique-Hôpitaux de Paris, Université Paris VII - Diderot, 2 rue Ambroise Paré, Paris 75010, France

* Corresponding author.

E-mail address: sebastien.froelich@lrb.aphp.fr

Otolaryngol Clin N Am 49 (2016) 63–93
<http://dx.doi.org/10.1016/j.otc.2015.09.004>

oto.theclinics.com

0030-6665/16/\$ – see front matter © 2016 Elsevier Inc. All rights reserved.

Abbreviations	
ACTH	Adrenocorticotrophic hormone
CSF	Cerebrospinal fluid
CPs	Craniopharyngiomas
CT	Computed tomography
DI	Diabetes insipiduous
GH	Growth hormone
ICA	Internal carotid artery
Ki-67 LI	Ki-67 labeling index
MRI	Magnetic resonance imaging
PAAs	Pituitary adenomas
PRL	Prolactin
RCCs	Rathke's Cleft Cysts
TSH	Thyroid-stimulating hormone
vHL	von Hippel-Lindau disease
WHO	World Health Organization
WI	Weighted Imaging

Table 1 Classification of sellar and parasellar lesions				
Neoplastic	Pituitary	Benign	Pituitary adenoma	
		Malignant	Pituitary carcinoma	
		Low-grade malignancy	Pituicytoma	
	Nonpituitary tumors	Usually benign		Craniopharyngioma
				Meningioma
				Lipoma
				Schwannoma
				Gangliocytoma
				Hemangioblastoma
				Chordoma
				Chondrosarcoma/chondroma
				Langherans' cell histiocytosis
				Solitary fibrous tumors
	Low-grade malignancy	Plasmacytoma		
		Gliomas		
	Malignant	Germ cell tumor		
		Primary Pituitary Lymphoma/leukemia		
		Pituitary metastasis		
		Other (melanoma)		
Nonneoplastic	Developmental lesions		RCC	
			Epidermoid/dermoid cysts	
			Arachnoid cyst	
	Infectious, Inflammatory	Infectious		Pituitary abscess
				Pseudotumor tuberculosis
				Mycoses
		Immune Granulomatous		Hypophysitis
				Sarcoidosis
				Wegener
	Vascular lesions		Aneurysms	
			Carotido cavernous fistula	
			Cavernous sinus thrombosis	

Download English Version:

<https://daneshyari.com/en/article/4123342>

Download Persian Version:

<https://daneshyari.com/article/4123342>

[Daneshyari.com](https://daneshyari.com)