management of seller and paraseller space occupying lesions

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This work includes a study of forty cases of suprasellar space occupying lesion, treated in the department of neurosurgery at Zagazig University hospitals and Gavish Medical Center in the period between 1984 and 1968.The ongoing addition of another more type of lesion to a seemingly endless list of suprasellar pathological conditions, illustrate how many lesions could be in such a space . The clinical syndroucs usually encountered in such lesions are characteristic for this particular region, the combination of visual failure, endocrinopathology, and intracranial hypertension would mean nothing but a suprasellar tumor. High resolution CT scanning has replaced invasive neuroradiological studies as angiography and pneumoencephalography. Coronal CT imaging is of undoubtful importance regarding evaluation of suprasellar masses, which must be a routine in every such case. Letrizamide CT cisternography visualize tumors of the suprasellar cistern in correlation to the surrounding jaxtasellar structures, that we hope it would attainmuch more interest by neuroradiologists•It can be difficult to appreciate the content, an even the origin of a suprasellar mass once it has become large enough to abliterate the suprasellar cistern, when cerebral angiography contributes significantly pre-surgical evaluation in such instances. Meanwhile, overemphasizing the simple plain x-ray skull would make many essential information to be missed. Titus routine x-ray skull is another must. Recently endocrine function assessment markedly improve the prognosis of many of these tumors.The introduction and routine application of micro-surgical technique have improved the result of the treatment of suprasellar masses. Optimal coaxial illumination, stereoscopic view, adequate magnification, and depth of focus, the microsurgical instrument and bipolar coagulation provide. The best condition for careful and cautions separation of tumor tissue from the normal structures, control of bleeding has become safer and easier. In our group 27, patients had undergone surgical removal of the tumors, all by right subfrontal approach. In those patient who was complicated by hydrocephalus, ventriculoperitoneal shunt was done.The aim of surgical intervention was mainly to debulk the tumor, when radiotherapy was followed in those tumors proven by histological classification to be radio-sensitive. Irradiation as the initieltall of management was subjected to five of our cases in whom the patients general condition was bad to tolerate surgery, or the CT imaging demonstrate a presumed malignant nature in relLively risky location.tuedical treatment by bromocriptine, was directed to 3 patients with a prolactinoma, and

proved successful in reducing the size of the tumor and improving the clinical manifestation.