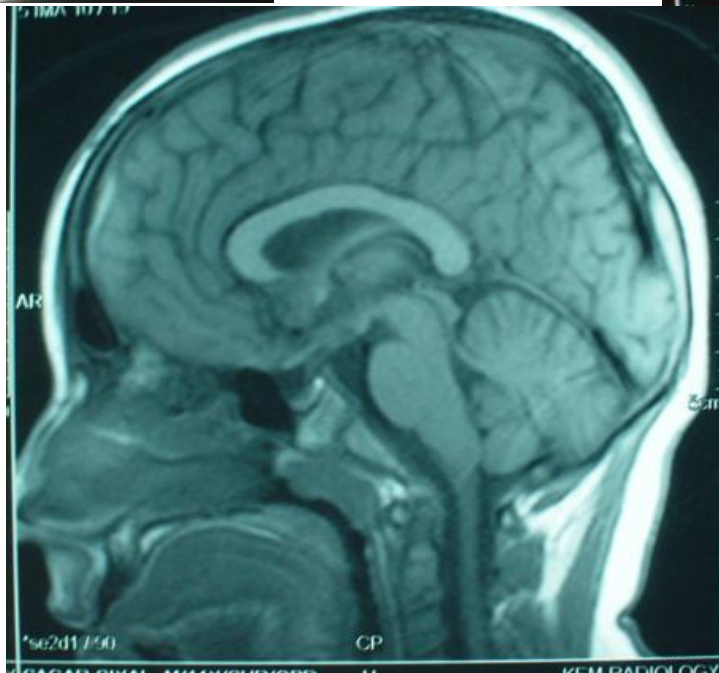
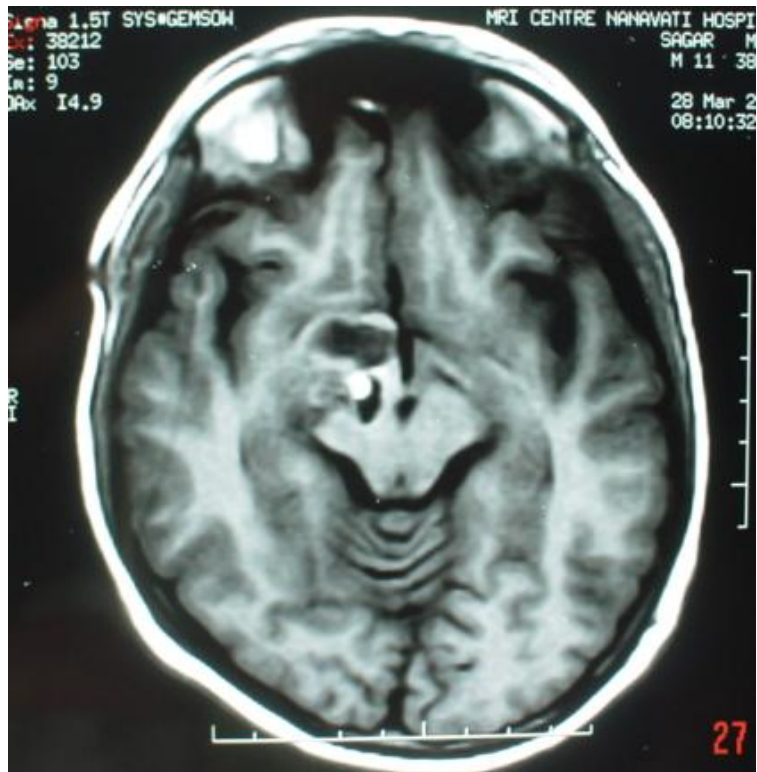


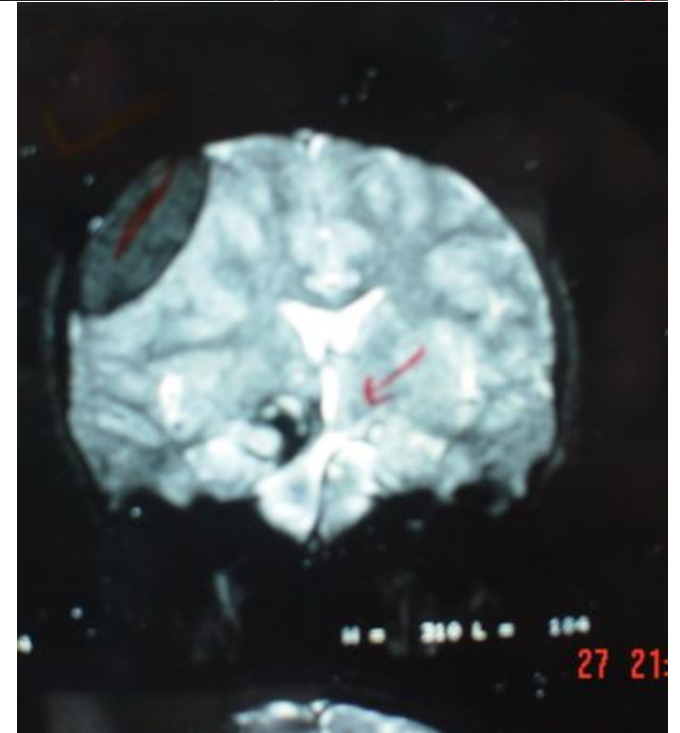
# Case 1

- Ma. Sagar, 11yr/ boy
- Nov' 05 – h/o partial seizures since 1 month
- headache & vomiting since 2 days
- CT brain – 12.11.05 – hyperdense lesion in sellar region with thin rim of calcification
- MRI 13.11.05 – suprasellar SOL hypointense on T1 & hyperintense on T2 with e/o bleed
- Sx 17.12.05 – Rt basifrontal craniotomy with Bx of hypothalamic SOL
- Post op – Uneventful
- HPR – low grade Astro

- **Discussed in JNOM** – radiologically LGG & pathologically poor quality slides s/o JPA
- Planned for RT, but patient wanted T/t at native place – referred
- **March 06** – comes back without taking RT
- **MRI 18.03.2006**
- **Discussed in JNOM** – lesion does not seem to arise from any optico-chiasmal-hypothal structure although in close vicinity to rt optic nerve. Lesion regressed significantly in size, probably it was a benign cyst. Slides were of suboptimal quality with very scanty tissue.
- Plan to do high resolution MRI
- **MRI 28.03.06**



**Post op 3 mths**  
**18.03.2006**



**Post op 3 mths**  
**23.03.2006**

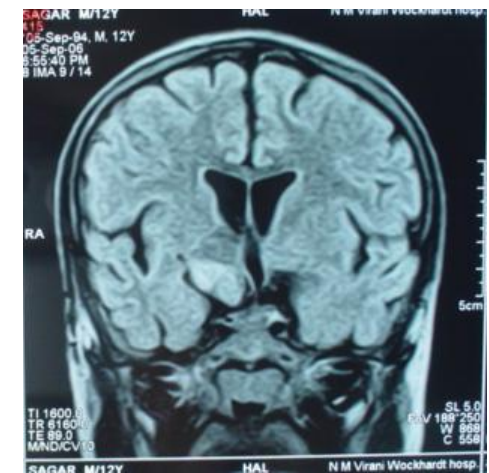
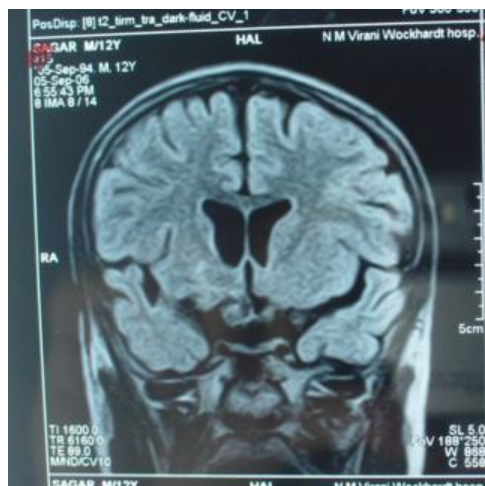
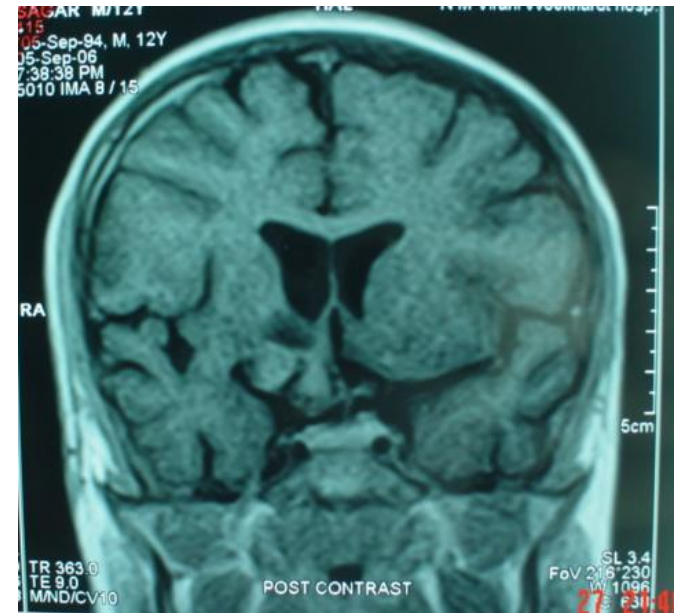
Aug 06 – clinically, symptomatically controlled

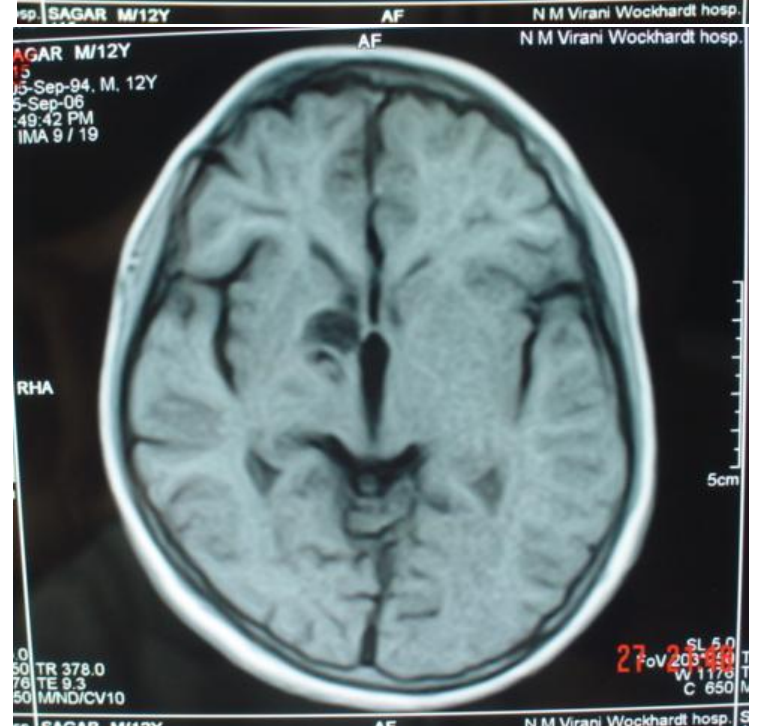
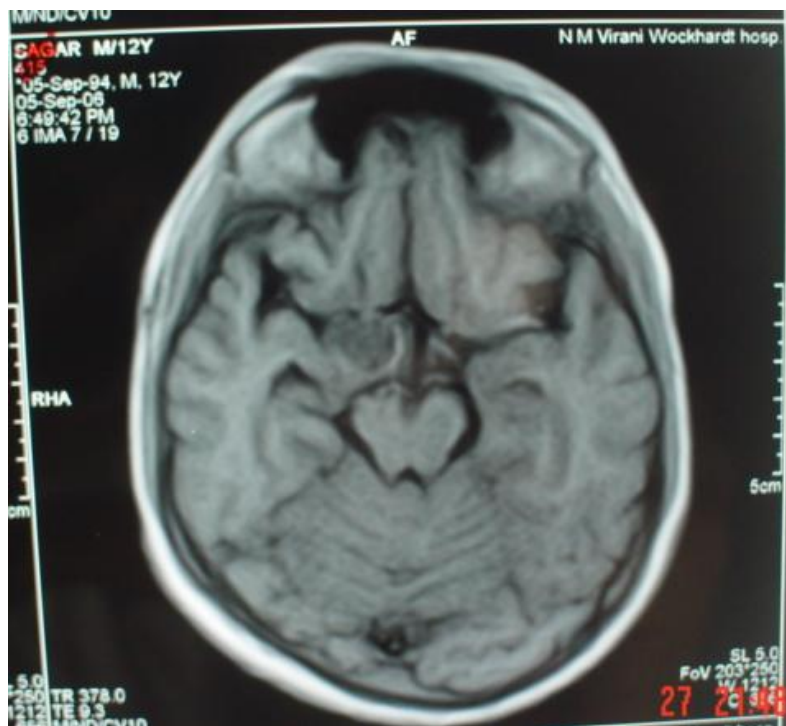
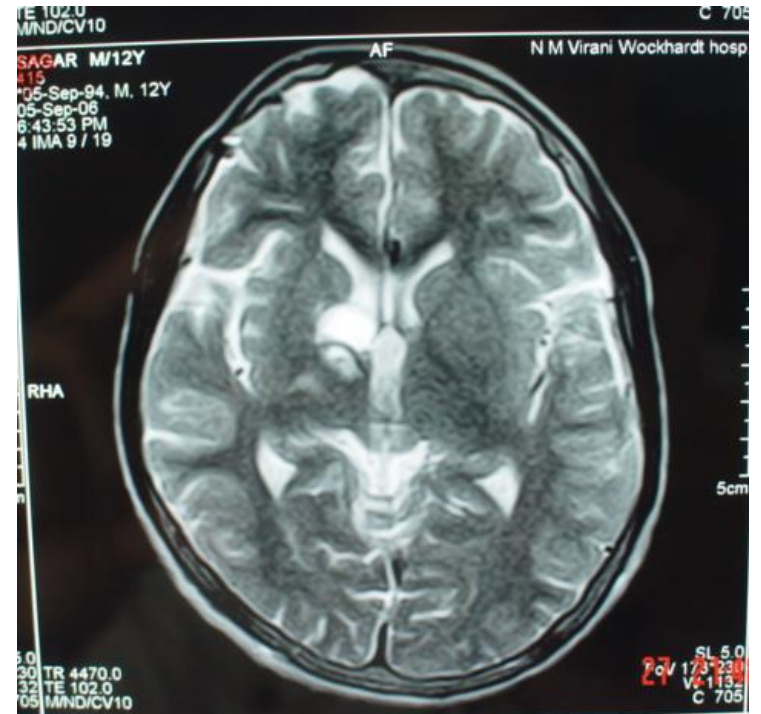
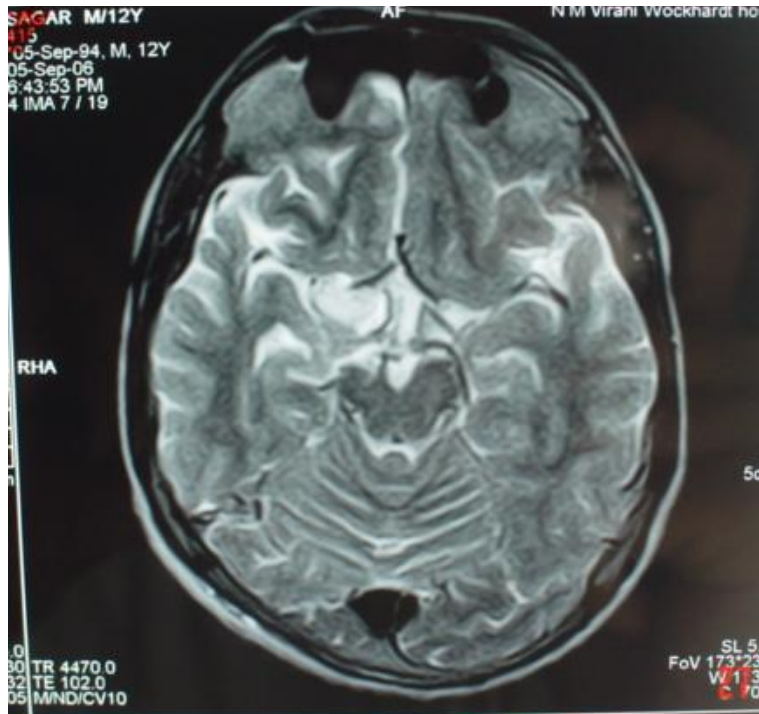
- MRI 06.09.2006
- At present patient is asymptomatic without any neurological deficits on Tab Eptoin 100mg BD





Post op 9 mths  
05.09.2006





**Post op 9 m**  
**05.09.2006**





**Post op 9 mths**  
**05.09.2006**





**Post op 9 mths**  
**05.09.2006**

