

FP101**Choroid plexus tumors in children**

Hamilton Matushita, Daniel Cardeal, Fernanda de Andrade, Adriana Espindola

Pediatric Neurosurgery, Department of Neurosurgery, São Paulo University, Brazil

Background: According to previous review of 1195 pediatric tumors of nervous system, from our institution, reported by Rosemberg et al in 2005, choroid plexus tumors constituted 3% of the tumors. This corresponded to 6,36% of supratentorial tumors in children.

Objectives: To evaluate the clinical presentation and results of treatment of 34 children with choroid plexus.

Material and Methods: Data of 34 cases of choroid plexus tumors in children treated consecutively in our institution was analyzed.

Results: Thirty four cases of choroid plexus tumor in children were analyzed retrospectively. The mean age at admission was 31,9 months with a range from 1 to 160months. Males were slightly more affected (19/15). Topographic distribution showed: Lateral ventricles 26, III ventricle 4, and IV ventricle 4. All patients presented with signs and symptoms of increased intracranial pressure, except one, that presented with convulsion. All patients demonstrated hydrocephalus. Impaired level of consciousness was observed in five children including one which was admitted in coma due to bleeding of the tumor. Pathology examination demonstrated: 20 papilomas and 14 carcinomas. Gross total removal was obtained in all papilomas, and in 10/14 carcinomas. Two deaths occurred in patients with carcinoma during admission: one which had previous intraventricular hemorrhage and other related to massive intraoperative bleeding. The mean follow up was 6,5 years. The long term follow up demonstrated that 18/20 papilomas and only 6/14 carcinomas were alive. Prognosis of the children with carcinomas was not related to the adjuvant therapy. Recurrence and cerebrospinal fluid dissemination of the tumors were the main cause of fatality of the cases.

Conclusions: Prompt diagnosis and gross total resection of choroid plexus tumors in children may be the main prognostic factors.