

were obese, a sign of hypothalamic dysfunction. (Ozyurt J, Thiel CM, Lorenzen A, et al. Neuropsychological outcome in patients with childhood craniopharyngioma and hypothalamic involvement. **J Pediatr** 2014 Apr;164(4):876-881).

COMMENTARY. Craniopharyngioma, a histologically benign tumor, may invade the hypothalamus, mammillary bodies, pituitary, and optic nerves. Sequelae of the tumor or its removal include visual field defects, obesity, and neurobehavioral deficits. Hypothalamic obesity in 46% of 24 cases of craniopharyngioma treated at the Phoenix Children's Hospital was refractory to current management options and accounted for increased mortality [1]. The development of obesity is influenced by premorbid obesity, genetics, and therapy received, especially radiation.

#### References.

1. Rosenfeld A, Arrington D, Miller J, et al. *Pediatr Neurol* 2014 Jan;50(1):4-10.

## RISK OF FAMILIAL INTRACRANIAL ANEURYSM

Investigators at University Medical Center Utrecht, Netherlands, studied the yield of long-term (up to 20 years) screening for intracranial aneurysms in individuals with a positive family history (2 or more first-degree relatives) of aneurysmal subarachnoid hemorrhage (aSAH) or unruptured intracranial aneurysm (1993-2013). MRI or CT was performed from age 16-18 to 65-70 years. Aneurysms were identified in 51 (11%) of 458 individuals at first screening, in 21 (8%) of 261 at second screening, in 7 (5%) of 128 at third screening, and 3 (5%) of 63 at fourth screening. Five (3%) individuals with 2 negative screens had a de-novo aneurysm in follow-up screens. Smoking, history of previous aneurysm, and familial history of aneurysms were significant risk factors for aneurysms at first screening. History of previous aneurysms was the only significant risk factor for aneurysms at follow-up screening. Aneurysms were identified in 6 (5%) of 129 individuals screened before age 30 years. Long-term serial screening is advocated in individuals with a family history of aSAH. (Bor ASE, Rinkel GJE, van Norden J, Wermer MJH. Long-term, serial screening for intracranial aneurysms in individuals with a family history of aneurysmal subarachnoid hemorrhage: a cohort study. **Lancet Neurol** 2014 Apr;13(4):385-92).

COMMENTARY. Of 77 children (mean age 12 years) with 103 intracranial aneurysms treated at University California San Francisco (1981 and 2008), 25 (32%) presented with subarachnoid hemorrhage. The aneurysms were saccular in 35 (45%), fusiform in 25, traumatic in 12 patients, and infectious in 6. Treatment of 59 patients was conservative in 18. Mortality was 1.3% [1].

In a long-term study of 114 pediatric patients with aneurysms at Helsinki University, Finland, the mean patient age was 14.5 years (range 3 months to 18 years) and the male:female ratio was 3:2. The most common location was the internal carotid artery bifurcation (28%). A family history of aneurysms was present in 14 (12%) [2].

#### References.

1. Hetts SW, et al. *AJNR Am J Neuroradiol.* 2009 Aug;30(7):1315-24.
2. Koroknay-Pal P, et al. *J Neurosurg Pediatr.* 2012 Jun;9(6):636-45.