

INTRODUCTION

Brain tumours are the most common solid malignancy in children and represent the leading cause of paediatric-cancer related deaths. Making the initial diagnosis of a brain tumor can be difficult as early symptoms are nonspecific to brain tumors and more frequently are associated with other etiologies leading to delays in diagnosis

CASE DESCRIPTION

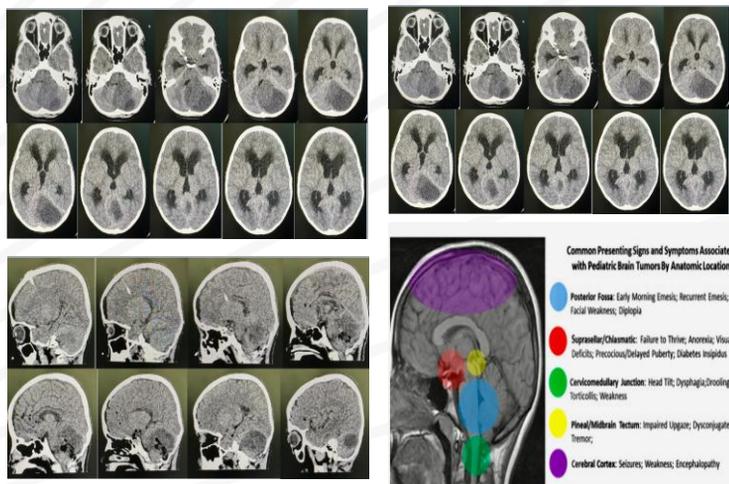
A 9-year-old previously healthy child presented with two months of recurrent occipital headaches and persistent early morning vomiting. Despite multiple clinic visits, symptoms were attributed to gastritis and anxiety. The child also reported neck pain, myalgia, and later developed unsteady gait. On examination, the child was lethargic but hemodynamically stable with a full Glasgow Coma Scale. Neurological assessment revealed gait instability and a positive Romberg's sign. Brain CT revealed a large left cerebellar posterior fossa mass compressing the fourth ventricle, resulting in acute obstructive hydrocephalus and subependymal CSF seepage. The child underwent surgical resection; histopathology confirmed pilocytic astrocytoma (WHO Grade I). Postoperatively, symptoms improved, and the patient was discharged under neurosurgical follow-up

DISCUSSION

Posterior fossa tumours account for about 60% of pediatric brain tumours, commonly arising in the cerebellum or brainstem. These lesions often obstruct cerebrospinal fluid flow, leading to hydrocephalus and raised intracranial pressure (ICP). However, symptoms such as headache, vomiting, or lethargy may be subtle and misattributed to more benign conditions, delaying diagnosis. Unlike adult presentations, childhood brain tumour symptoms vary with tumour location and may lack focal neurological signs. While MRI remains the gold standard for diagnosis and surgical planning, CT is often the preferred initial imaging in unstable patients. This case underscores how early symptoms of posterior fossa tumours can be easily overlooked, highlighting the importance of early imaging and clinical vigilance to prevent diagnostic delays.

CONCLUSION

Raised intracranial pressure is the most common presenting feature of posterior fossa tumours. In children, its symptoms are often mistaken for other conditions. A high index of suspicion is essential for early diagnosis and effective management. Delayed recognition or misdiagnosis can result in significant long-term neurological and cognitive complications in paediatric patients with brain lesions



REFERENCE :

- 1.Pawar PP, Shakuntal G.Paediatric brain lesions: a study of space-occupying conditions. *Int J Contemp Pediatr* 2024;11:1771-5
- 2.Pehlivan, K. C., Paul, M. R., & Crawford, J. R. (2021). Central nervous system tumours in children. *Pediatrics in Review*, 43(1), 3–15. <https://doi.org/10.1542/pir.2020-004499>