

IMAGES IN ENDOCRINOLOGY

Pituitary macroadenoma masquerading as lymphocytic hypophysitis.

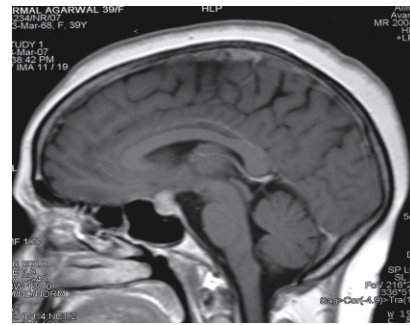


Figure 1a and 1b MRI scan done in Jan 2007 shows pre and post Gad sagittal view

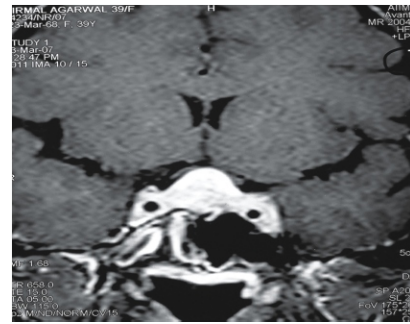


Figure 2a and 2b MRI scan done in Jan 2007 lower panel shows pre and post Gad coronal view

N.A, 39yrs old female presented with 3years history of progressive increase in body weight, mooning of face, easy bruisability, proximal muscle weakness, secondary amenorrhea, visual field defect (Rt > Lt) and has been diabetic since one year. Clinically, she was frankly cushingoid with facial plethora, purple striae of skin and hypertensive. Investigations revealed ACTH dependent Cushing's syndrome. Other pituitary hormones were within normal ranges. Visual field charting revealed Lt superior quadrantanopia. MRI revealed pituitary mass lesion measuring 2x1.5x1cm with thickened stalk encasing left ICA. There was diffuse intense enhancement with Gadolinium, a feature consistent with Lymphocytic hypophysitis. As she had no evidence of hypopituitarism, a feature of hypophysitis, she underwent transphenoidal resection of pituitary macroadenoma on 10th April 2007. Histopathological examination of specimen showed features of pituitary adenoma, immunohistochemistry revealed ACTH positivity. [IJEM 2008;12(5):29]

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