CASE REPORT

Differential diagnosis between pituitary tumor apoplexy and pituitary abscess – case report

Ligia Tataranu1,2, Vasile Ciubotaru2, Adriana Dediu1,2
1“Carol Davila” University of Medicine and Pharmacy, Faculty of Medicine, Department of Neurosurgery, Bucharest, Romania
2Third Department of Neurosurgery, Emergency Clinical Hospital “Bagdasar-Arseni”, Bucharest, Romania

ABSTRACT

BACKGROUND. Clinical diagnosis in pituitary abscess is difficult and can be indistinguishable from other pituitary lesions. This pathology is rather characterized by long-standing headaches, a raised erythrocyte sedimentation rate and increased white blood count with endocrinology tests suggestive for hypopituitarism. A history of paranasal sinusitis and/or immunosuppressed status can be also present.

CASE REPORT. A 16 years old girl was admitted to our neurosurgery department with sudden onset of headache, nausea, vomiting, decreasing visual acuity, nuchal rigidity and photophobia. Bilateral papilledema was seen on funduscopic examination. The endocrinological status was normal. MRI of the head revealed a sellar-suprasellar mass that was centrally isointense with peripheral hyperintensity on T1-weighted images and iso-hyperintense with peripheral hyperintensity on T2-weighted images. After the administration of gadolinium, rim enhancement was seen. Treatment of choice for pituitary abscess in this case was surgical drainage of the pituitary area via transsphenoidal approach and broad spectrum antibiotic therapy with Ceftriaxone and Metronidazole for three weeks. On the head MRI scan one month after surgery, there were no signs of pituitary tumor or recurrent pituitary abscess. The patient had no endocrinological dysfunction and the visual acuity was normal.

CONCLUSION. Pituitary abscess is a rare pathology, with a high mortality rate. It is difficult to distinguish abscess from other sellar masses, and the abscess should be considered in the differential diagnosis of the pituitary lesions. After a prompt diagnosis, the surgery and antibiotic therapy should be established rapidly. The prognosis is excellent with an aggressive therapy, which implies surgery, antibiotics and hormone replacement.

KEYWORDS: pituitary abscess, pituitary apoplexy

For FULL TEXT article, please send a request to contact@rinologie.ro

For correspondences, please send a request to contact@rinologie.ro