Pituitary apoplexy in a patient with suspected metastatic bronchogenic carcinoma

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DESCRIPTION
We report the case of a 52-year-old man who was a chronic smoker and enjoyed good past health. He was admitted for progressive left-sided weakness and mild headache. He did not have any blurring of vision, diplopia or change in mental status. He was alert and his blood pressure was normal on admission. Cranial nerve examination was normal and his visual field was full. The limb power was Medical Research Council grade 4/5 over his left

Figure 1  (A) MRI T1-weighted image sagittal view with gadolinium contrast showing the pituitary gland is diffusely enlarged with suprasellar extension (arrow). (B) MRI T1-weighted image coronal view with gadolinium contrast showing the pituitary gland is diffusely enlarged with suprasellar extension (arrow). (C) MRI Gradient echo image showing blooming artefact (arrow) suggesting haemorrhage and pituitary apoplexy. (D) MRI T1-weighted image with gadolinium contrast showing a small rim-enhancing nodule with vasogenic oedema over corticomedullary junction of right supratentorial region (arrow) which was likely brain metastasis.
causing pituitary apoplexy is extremely rare. Since the patient refused surgical intervention, no biopsy was performed to confirm the diagnosis. The presence of supratentorial brain metastases together with suspicious right infral hilar opacity and carinal lymphadenopathy made metastatic bronchogenic carcinoma more likely than pituitary macroadenoma in this patient. Pituitary apoplexy is a life-threatening clinical syndrome caused by the rapid enlargement of a pituitary tumour due to haemorrhage and/or infarction. Although variable, it typically comprises of headache, visual deficits, ophthalmoplegia, altered consciousness and impaired pituitary function. An existing pituitary macroadenoma is usually present but it can occur with healthy glands in few isolated cases. About 14–22% of patients with radiologically identified pituitary haemorrhage have subclinical apoplexy with mild or no symptoms. Common precipitating factors include closed head trauma, blood pressure alterations, history of pituitary irradiation, cardiac surgery, anticoagulation, treatment with dopamine agonists, pituitary stimulation testing and pregnancy. Urgent neurosurgical decompression is needed in symptomatic patients. Improvement in visual field, visual acuity and diplopia is typically observed after therapy and some patients may require long-term hormonal therapy.

Learning points

- Pituitary apoplexy is a life-threatening clinical syndrome caused by the rapid enlargement of a pituitary tumour due to haemorrhage and/or infarction.
- About 14–22% of patients with radiologically identified pituitary haemorrhages have subclinical apoplexy with mild or no symptoms.
- Prompt neurosurgical intervention is needed in symptomatic patients.

Competing interests None.

Patient consent Obtained.

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REFERENCES