

CASE REPORT

GIANT PITUITARY ADENOMA WITH NORMAL VISION AND MISLEADING RADIOLOGICAL FINDINGS

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Giant pituitary adenomas are rare and present with visual loss. Giant pituitary adenoma has rarely been reported presenting with normal vision. We report Giant pituitary adenoma with Normal vision in a 35 years old patient presenting with adult onset epilepsy and headache.

Keywords: Pituitary adenoma, vision, sellar, supra-sellar

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INTRODUCTION

Only 5% of patient's pituitary adenomas are giant, i.e., more than 4-cm in size. these patients present with visual symptoms, headache, ophthalmoplegia, diplopia, Ptosis, spontaneous cerebrospinal fluid leak, epilepsy and hormonal dysfunction. The visual disturbances is the most important and common presentation.¹⁻³ The authors report a case of Giant pituitary adenoma with normal vision, adult onset epilepsy and headache.

CASE REPORT

A 35 years old gentleman presented with 1 year history of adult onset epilepsy and progressive headache. His Blood pressure 130/80, pulse 86/minute, respiratory rate 18/ minute within normal range. Higher mental functions were normal, cranial nerves were intact and there was no papilledema. Power, sensation and reflexes were normal. Cerebellar signs absent. Rest of the systemic examination normal. There was no feature of frontal lobe sign and symptoms.

MRI Brain with contrast (Gadolinium) revealed heterogeneous enhancing lesion in right frontal lobe, extending sellar supra sellar region with normal looking sella (Figure-1&2).

The patient was operated through frontal approach. Frontoparietal craniotomy and excision of the tumour was performed. Tumour was grayish, relatively avascular; a clear plan was encountered between the tumour and normal brain.

When most of the tumour was excised, it was found extending downwards into the pituitary fossa. Diaphragma sella was missing. Gross total resection was done till no further tumour could be obtained. Hemostasis was easily secured. There was no expansion of sella.

Histology showed pituitary Adenoma with synaptophysin positive on Immunohistochemistry. Patient recovered completely.

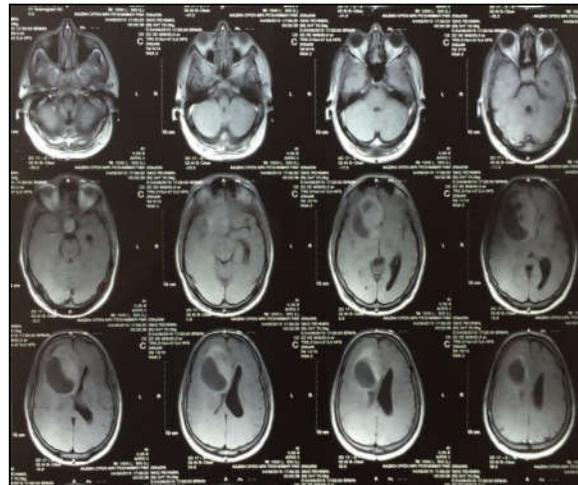


Figure-1: Heterogeneous enhancing lesion in right frontal lobe, extended to pituitary fossa.

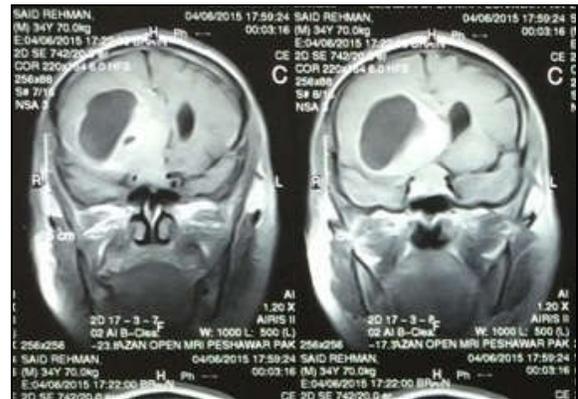


Figure-2: Heterogeneous enhancing lesion in right frontal lobe, extended to pituitary fossa.

DISCUSSION

Pituitary adenomas with an incidence of 1 in 1000 worldwide, only 5% of them are giant pituitary adenoma, i.e., size is more than 4 cm and mostly presenting with visual symptoms and hormonal dysfunction.¹ Some unusual present is also reported before, i.e., Painful, postganglionic Horner syndrome has also been reported as an initial sign of lateral

extension of a large prolactinoma.² Pituitary adenoma presenting as a Nasal polyp (an invasive nasopharyngeal tumour) has been reported.³ Unusual reported clinical presentations include ophthalmoplegia, diplopia, Ptosis, epilepsy and spontaneous CSF rhinorrhea.¹⁻³ The normal vision with adult onset epilepsy and headache in such cases has never been reported. The author reported giant pituitary adenoma with normal vision and adult onset epilepsy.

The authors feel that in our case the tumour broke through the diaphragmas sella earlier and attend a large size and not expanding into sella because it's friable nature resulting radiologically misleading finding.

CONCLUSION

Giant pituitary adenoma can present with normal vision and preoperative careful study as well as per operative reviews of the radiology helps.

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