

ETIOLOGIES OF THICK STALKS PITUITARIES: ABOUT 24 OBSERVATIONS:EP-110

INTRODUCTION

Inflammatory processes, and infiltrating tumor of the pituitary stalk are rare. They are a heterogeneous group of lesions responsible of partial or global hypopituitarism

AIM

Search for etiologies of thickening of the pituitary stalk and specify clinical aspects

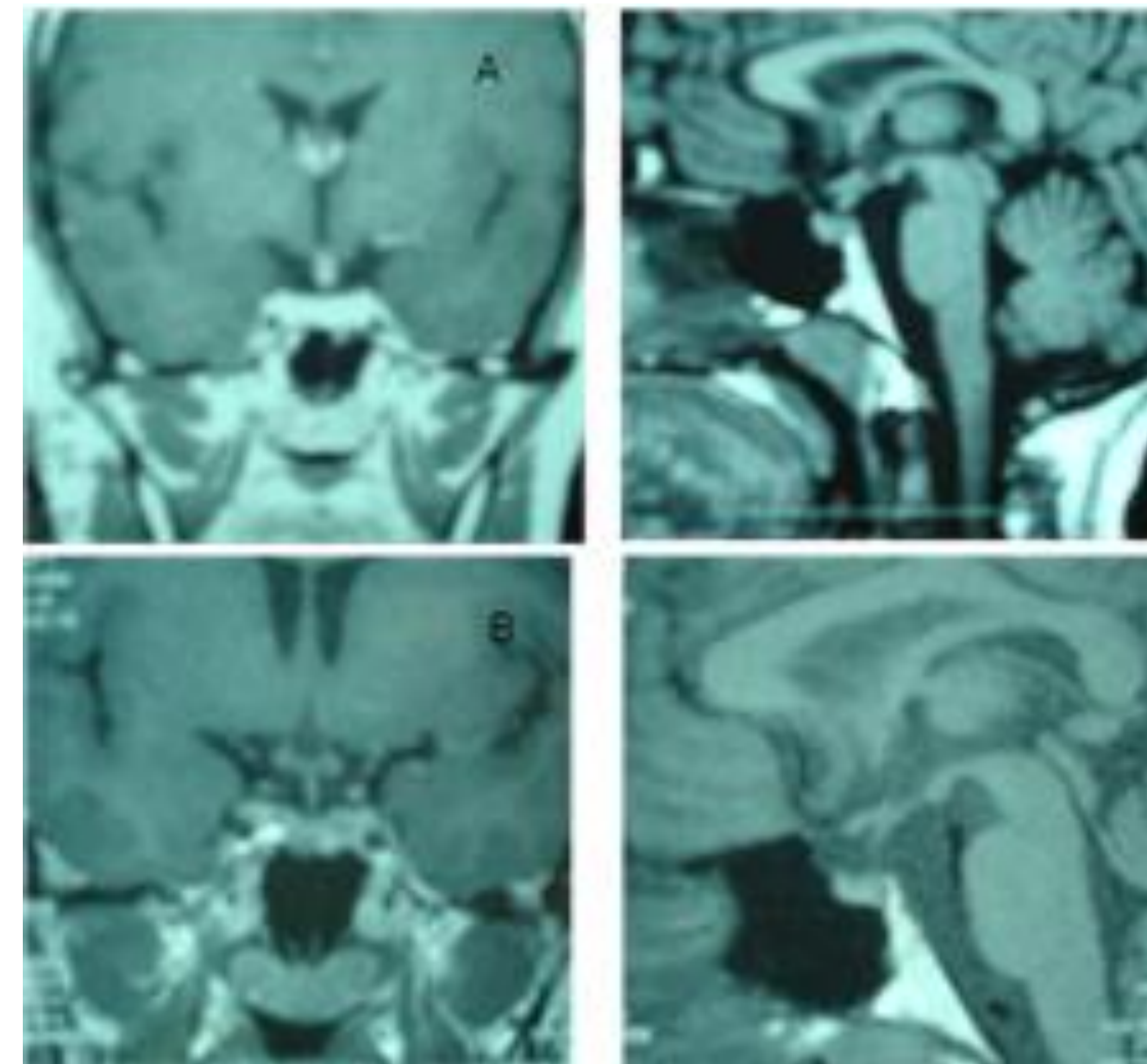
POPULATION, METHODOLOGY

This is a retrospective study of 24 patients with thickening of the pituitary stalk. All patients benefited from a clinical, biological and radiological exploration: entation rate (ESR), CRP looking for an inflammatory condition, - A specific Bilan looking granulomatosis: intradermal (IDR) to tuberculin and gastric intubation to search for the Kock bacillus germ in favor of tuberculosis, calcium and phosphate and dosing converting enzyme (EC) whose elevation was in favor sarcoidosis, - Determination of tumor markers and bHCG fetoproteins α in blood and cerebrospinal fluid in search of a germinoma. Autoimmunity assessment: measurement of specific and non-specific antibodies in organs in favor of an autoimmune etiology. Radiologically, MRI HH region was performed on thin sections of 03 mm thick

RESULTS

A female predominance (17 women) with 4 pediatric cases are observed. The average age is 30 years (7- 48) . RMI was performed for hypopituitarism dissociated (n: 19); Diabetes insipidus (n: 4) and early puberty (n: 1) The attainment of the stem is associated with:
- Hyperprolactinemia in 15 cases (62, 4%) . Thyrotropin Insufficiency in 16cas (66.6%) Gonadotropin insufficiency in 10 cases (41.6%) corticotropin insufficiency in 5 cases (20, 8 %) somatotropin insufficiency in 4 cases (16.6%) central diabetes insipidus in 4 cases (16, 6%), i

Etiological investigation led to the diagnosis of: - Sellar metastasis in 3 cases (12, 5%)
- Neurosarcoidosis in 15 cases (62.4%) - Autoimmune hypophysis in 2 cases (8, 3%)
-germinoma in 1 child (4, 16%). Finally the etiological investigation was negative in the remaining 3 cases (12.5%, two children).



DISCUSSION AND CONCLUSION

Thickening of the pituitary stalk is very often revealed during the exploration of diabetes insipidus. Other endocrine and neuro-ophthalmic manifestations can be associated to it. Frequently, diabetes insipidus installation is abrupt and it is usually permanent

An hypopituitarism is possible and focuses on gonadal function, thyroid but also growth hormone function. the hypopituitarism more or less dissociated may extend to panhypopituitarism. Hyperprolactinemia can be observed. It is in due to inhibit lift of the prolactin secretion by achieving the hypothalamic axis pituitary.

Hypothalamic events can also be encountered type of insomnia, drowsiness and thermoregulation disorders.

In the absence of etiologies, regular monitoring is necessary because of the possible appearance ,in the evolution of a lesion

Frequency of pituitary involvement encouraged to make regular hormonal evaluations

Patient has a central diabetes insipidus in relation to an autoimmune hypophysitis. MRI (A): coronal and sagittal T1 showing thickening of the pituitary stalk. MRI (B): Spontaneous Evolution without any treatment (regression of thickening).

