

Malignant giant pituitary tumor

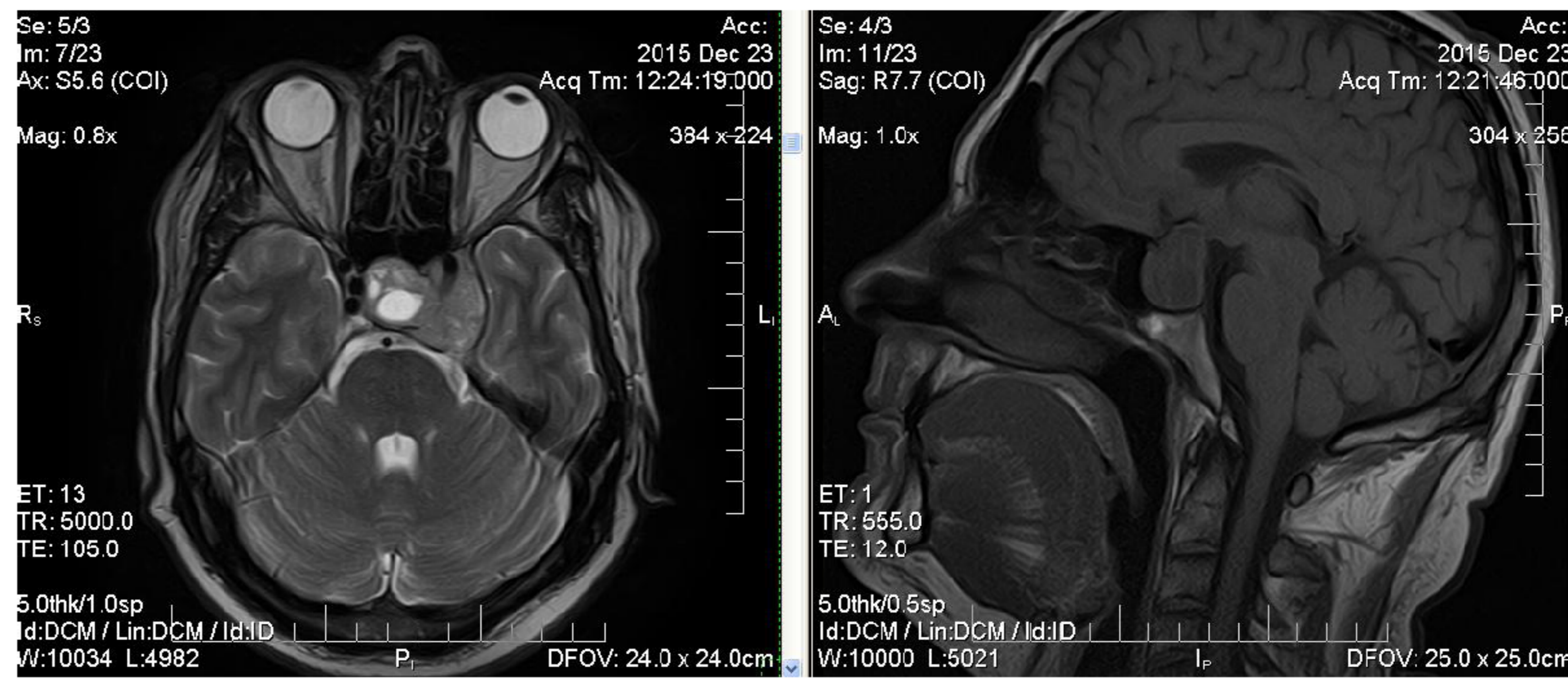
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Introduction:

We present the case of a 37 years male that progressed in 6 months from normal life to erectile dysfunction and severe panic attacks. The lab panel showed severe gonadotropic insufficiency- testosterone-less than 0.07 ng/ml, FSH 11.8mUI/ml, LH 0.1 mUI/ml, and thyrotropic deficiency T4-0.6 ng/ml(0.8-2), TSH 1,6 micro UI/ml(0.39-6.16), normal prolactin levels.

MRI examination revealed a large pituitary tumor, extending to hypothalamus and temporal lobe, also incorporating left cavernous sinus and left carotid artery, with erosion of clinoid and sphenoid sinus bone, compression of optic nerves.



The tumor was treated for 30 days with Cabergoline 3,5 mg/week, then successfully resected without diabetes insipidus or neurologic defects. Patient recovered from panic attacks and needs substitution with 50mcg/day of

Levothyroxine, 5 mg/day Prednisone and 80 mg/day of Undestor.

Pathology revealed a malignant pituitary tumor on IHC- presence of invasive growth, high mitotic index, a Ki67 labelling index 5% as well as extensive nuclear staining for p53.

Patient received also gamma knife therapy at 3 months after initial resection.

Conclusions: Patient's evolution was better than the evolution we predicted initially, with good quality of life, except for persistent panick attacks.



MRI images before gamma knife therapy-T1 and T2 sequences

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