

EP-946 Coincidence of subarachnoidal hemorrhage and pituitary apoplexy

Gonca Oruk, Melda Apayadin, Husnu Yilmaz, Nurullah Yuceer, Baris Pamuk
Izmir Katip Celebi University Ataturk Training and Research Hospital, Izmir, Turkey

Objectives:

Pituitary apoplexy is a rare and life-threatening disorder often requiring emergency neurosurgical intervention to preserve vision and prevent cerebral herniation syndrome. Infarction or hemorrhage of an enlarged pituitary gland or pituitary tumor is the most common cause of pituitary apoplexy. Early recognition of this disorder is essential for preventing permanent visual loss or death; however, pituitary apoplexy often mimics subarachnoid hemorrhage, which in some cases may delay definitive diagnosis.

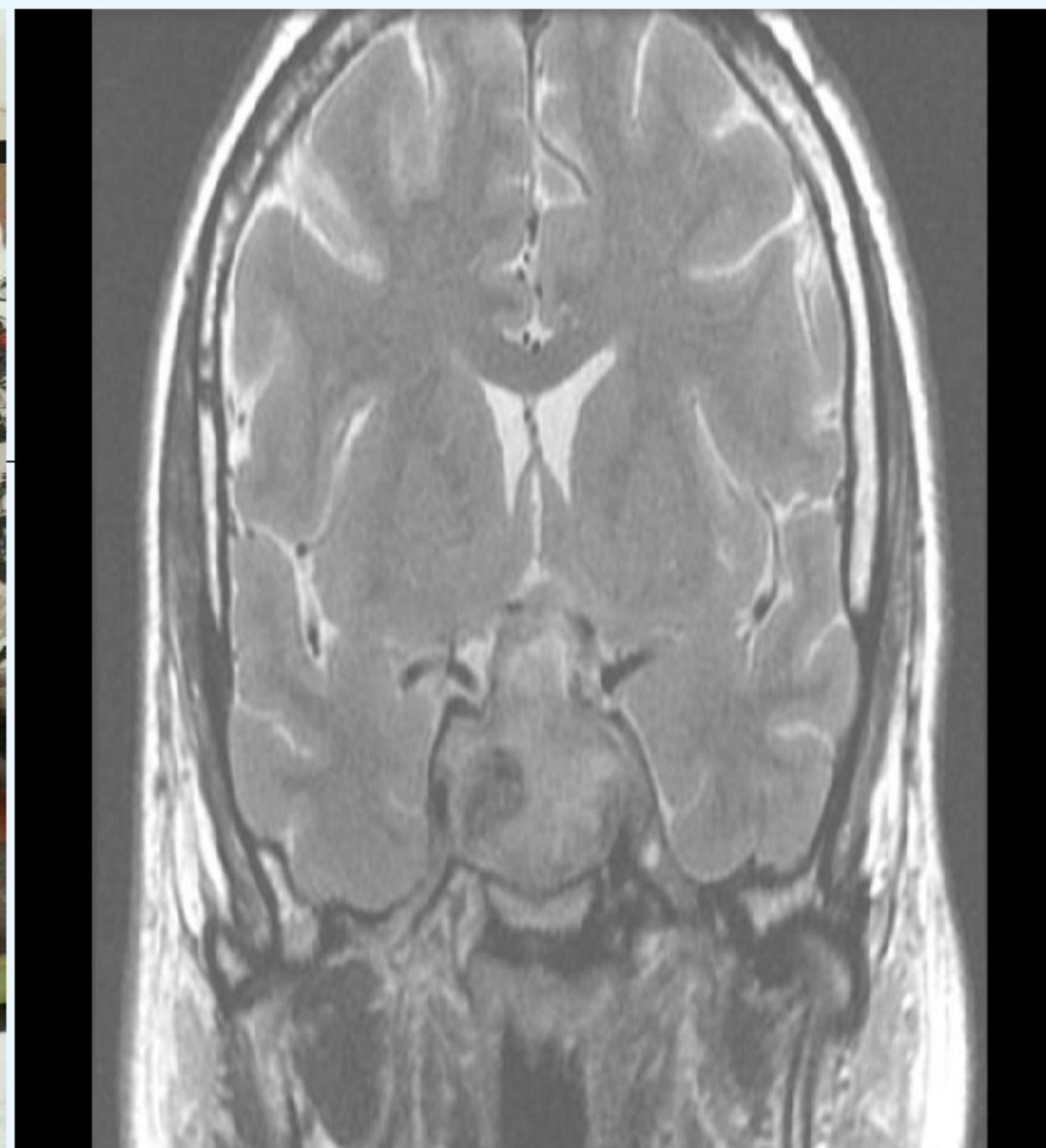
Methods:

44 years old male patient was admitted to Emergency outpatient clinic with intense headache. He was discharged from the hospital after an administration of analgesic injection. But his mental status started to deteriorate at home and there were complaints of blurring of vision with diplopia and drooping of the left eyelid. His headache was also persisting with same intensity. History of the patient revealed celiac disease. During second admission to the hospital, the patient was pale, pulse was 110/min, and blood pressure recorded was 90/50 mmHg. On examination, ptosis was present on left side, periorbital swelling was also observed. Restriction of medial/upward movement of both eyes were present. Pupils were bilateral equal and normally reacting to light (Image 1). Visual acuity was 0.4 on right and 0.05 on the left side. The rest of the neurological examination and review of other systems were normal. Laboratory investigations were compatible with panhypopituitarism (Table 1). The patient was started on hydrocortisone and thyroid hormone replacement therapy. Magnetic resonance imaging (MRI) established diagnosis of pituitary apoplexy and subarachnoid hemorrhage due to acute hemorrhage of a 32x20x32 mm sized pituitary adenoma (Image 2). MR angiography did not establish an artery aneurysm. His status and hemorrhage recovered with the treatment given. He is going to be operated for the pituitary adenoma.

Image 1: Patient

Image 2 : MR imaging (coronal)

Table 1: Laboratory evaluation



TSH	0.27 uIU/mL	0.35-5.50
FT3	0.68 pg/mL	2.3-4.2
FT4	0.45 ng/dL	0.88-1.72
CORTISOL	2.5 ug/dL	4.6-22.8
FSH	0.9 mIU/mL	1.4-18.1
LH	0.2 mIU/mL	1.5-9.3
PROLACTIN	0.7 ng/mL	2.1-17.7
GH	<0.05 ng/mL	<3

Results:

Conclusions:

Multidisciplinary evaluation of these patients will determine diagnosis and the most appropriate emergency treatment plan and long-term management strategies.

References:

Glezer A, Bronstein MD. Pituitary apoplexy: pathophysiology, diagnosis and management. [Arch Endocrinol Metab.](#) 2015 Jun;59(3):259-64.

