Hypopituitarism with visual field loss is not always an adenoma
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Introduction
A biochemical profile of an underactive pituitary gland allied to visual field loss is commonly due to an underlying adenoma.

We report a case where such a clinical picture was found but imaging/biopsy revealed a different cause.

Case Report: History
A 52-year-old Indian male was referred by his GP to an endocrine outpatient department with:
- Reduced visual acuity
- Dysequilibrium

Past medical history included hyperlipidaemia, allergic rhinitis and depression.

Case Report: Examination
Examination revealed a bitemporal hemianopia but an absence of any focal neurological signs.

Case Report: Investigations
Clinical Chemistry:
- Free T4 6 pmol/L
- TSH 0.26 mU/L
- Testosterone n<0.1 ng/mL
- Prolactin 885 mU/L
- IGF-1 6.0 nmol/L

The above biochemistry is representative of hypothalamo-pituitary insufficiency with possible disconnection hyperprolactinaemia.

MRI Head:
- Large ill-defined mass involving optic chiasm: 3.1 x 2.7 x 2.3 cm
- Pituitary normal
- Conclusion: possible optic nerve glioma - confirmed on histology

Case Report: Management
Started on replacement therapy with L-thyroxine, hydrocortisone and testosterone.

Cerebrospinal fluid culture was negative for Mycobacterium Tuberculosis despite raised protein level of 0.98 g/L.

Discussion
Gliomas of optic pathway can be split into two broad groups:
- Relatively benign optic nerve gliomas which usually occur in children
- Malignant optic glioma which usually occur in adults

Histology is typically of a low-grade astrocytoma.

This case demonstrates an uncommon albeit important cause of hypothalamo-pituitary dysfunction due to extrinsic compression of pituitary gland.

Visual loss was due to intrinsic disease of optic nerve rather than external compression as seen with pituitary macroadenomas.

Whilst all cases of pituitary failure require replacement therapy initiated by endocrinologists, there are some cases where the underlying pathology lies outside the pituitary gland and hence multi-disciplinary clinical input may be necessary.

References