

# EARLY DIAGNOSIS AND TREATMENT OF PITUITARY APOPLEXY IN A DIABETIC PREGNANT WOMAN

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**Introduction:** Pituitary apoplexy results from haemorrhagic infarction of a pre-existing pituitary adenoma or within physiologically enlarged gland. Pituitary apoplexy during pregnancy is rare but serious event with significant morbidity and mortality if not recognised in time. Pituitary apoplexy is characterized by sudden onset of headache, nausea, vomiting, visual disturbances, eye movements restricted and varying degrees of pituitary insufficiency and accompanied by change of consciousness may be clinically overt or as subclinical. Our case report describes a woman who presented with pituitary apoplexy in the 27 weeks of pregnancy.

**Case report:** A 30-year-old female patient receiving intensive insulin therapy with diagnosis of gestational Diabetes Mellitus. Patient was presented with severe headache, nausea, and vomiting complaints in the 27 weeks of pregnancy. Patient was hospitalized in with urinary tract infection and hyperglycemia. Early morning serum cortisol was 3,02 ug/dL (6,2-19,4), FT4:0,57 (N:0,93-1,70) ng/dL and TSH: 0.84 uIU/mL(N:0,34-4,3), other metabolic parameters were within normal limits. Magnetic Resonance Imaging (MRI) of the pituitary showed pituitary apoplexy (Figure 1a-b). Patient was started with IV 80 mg twice daily and desmopressin nasal spray twice daily. Patient's electrolytes was monitored twice daily. The second day was added to patients levothyroxine 50 mcg. Surgery was not planned due to risk of loss of baby. Clinical improvement continued in the following days and after suppletion of methylprednisolone, levothyroxine and desmopressin. Reduction in bleeding site was detected in the control of pituitary MRI (Figure 1c-d). Delivery after 36 weeks of pregnancy was uneventful and a healthy girl was born.

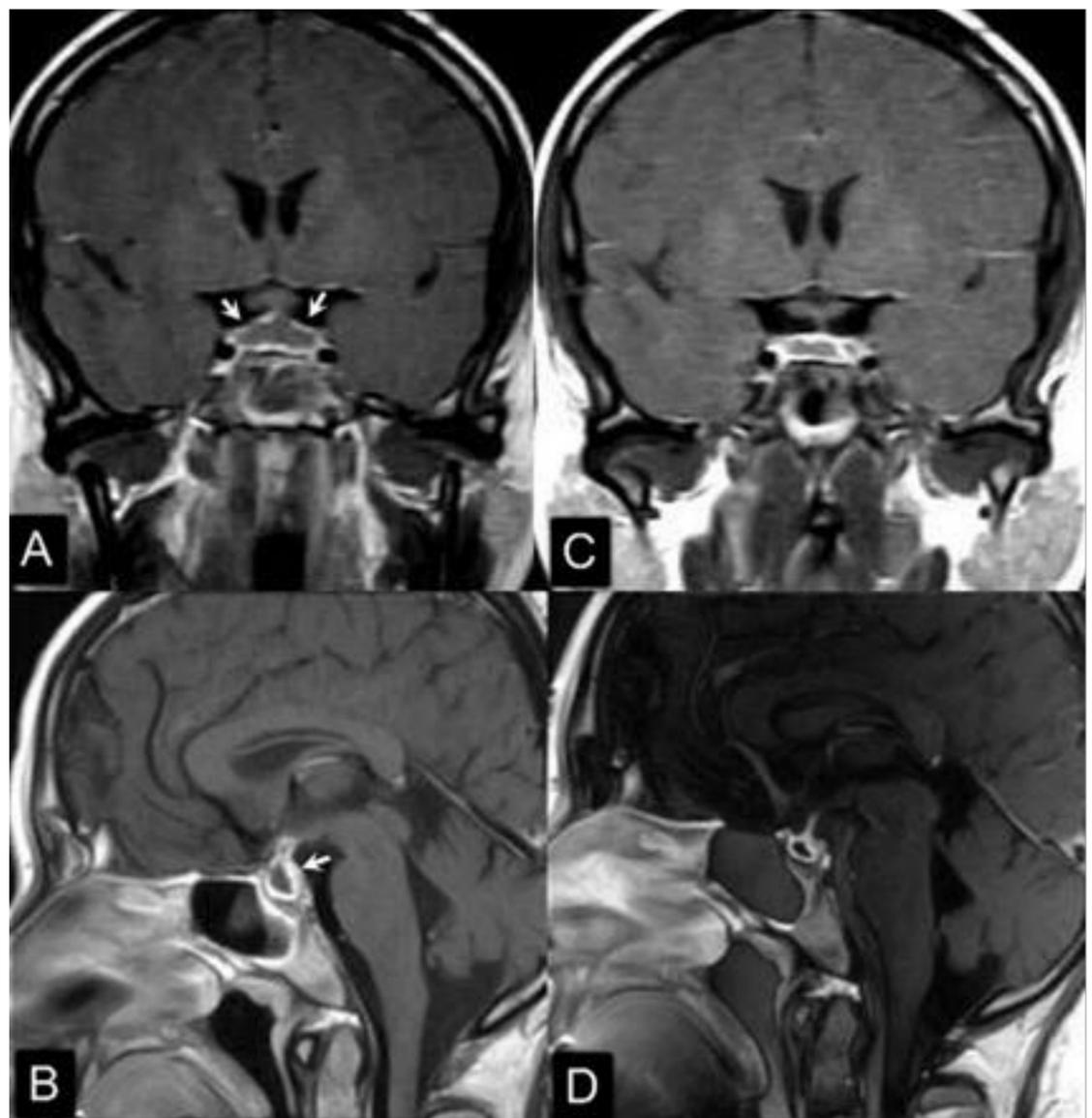


Figure 1a-b: White arrow: haemorrhagic part of pituitary gland  
Figure 1c-d: Control of pituitary MRI after one week

**Conclusion:** Pituitary apoplexy is a very rare but serious complication that can likely be precipitated by the physiologic changes associated with pregnancy in patients. Because early diagnosis and treatment can and often does result in complete recovery, it is important to recognize and effectively manage this event when it occurs immediately.

