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 gonadotropin insufficiency - testosterone less than 0.07 ng/ml, FSH 11.8 mIU/ml, LH 0.1 mIU/ml, and thyrotropic deficiency T4-0.6 ng/ml(0.8-2), TSH 1.6 micro U/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.

![MRI images](attachment:image.png)

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 50 mcg/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 panic attacks.

![MRI images](attachment:image.png)

MRI images before gamma knife therapy-T1 and T2 sequences