

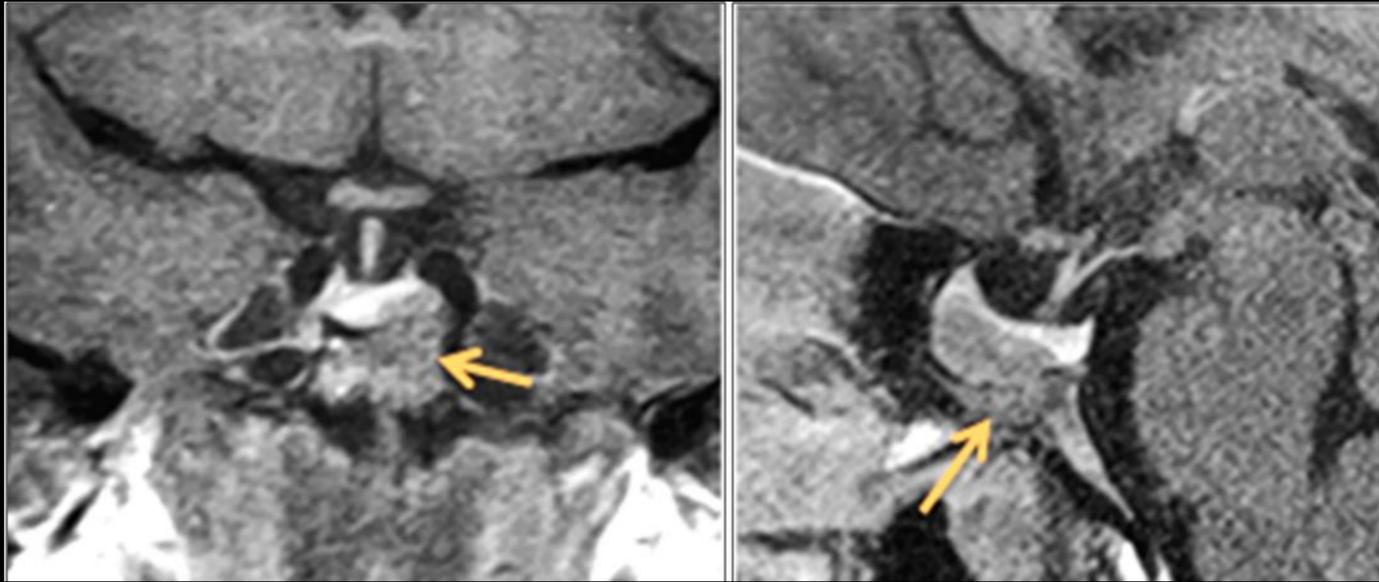
# Ectopic somatotroph adenomas

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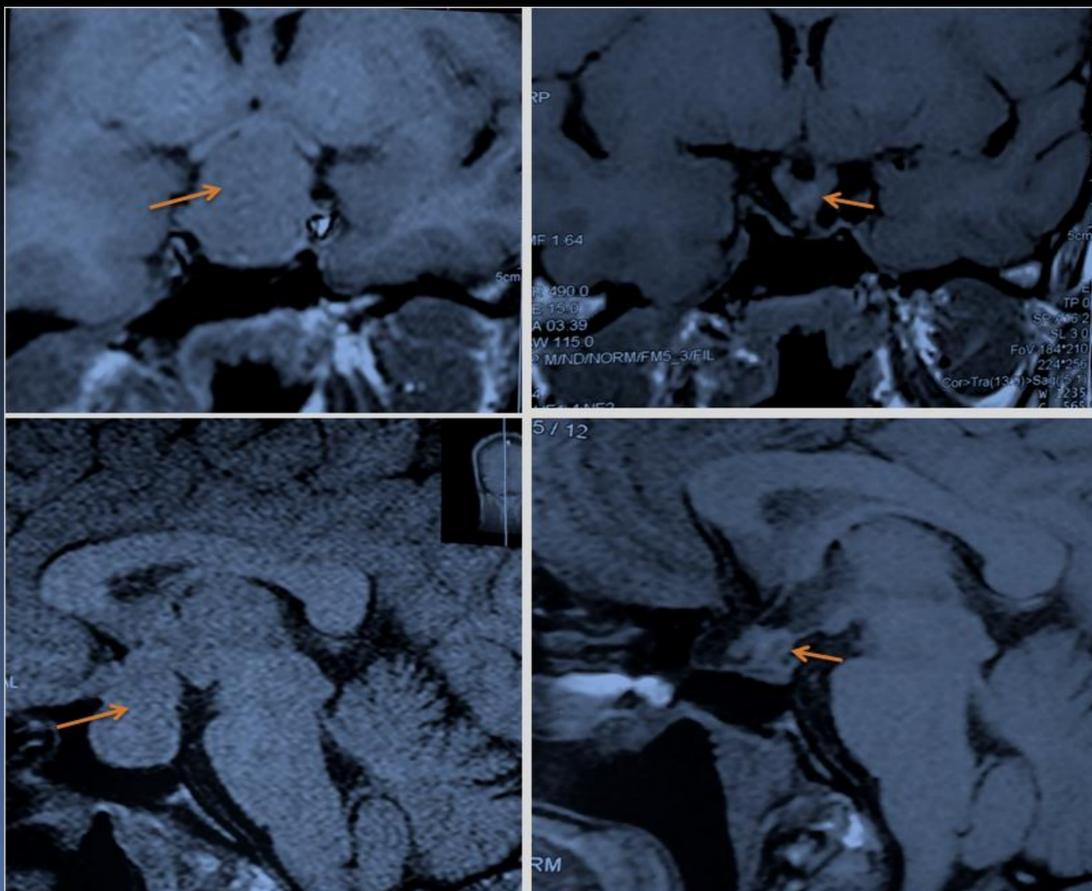
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**Introduction:** ectopic somatotroph adenomas are very rare. Their mechanism is still debated. Our aim was to report 2 cases: One was located in the sphenoid sinus and/or clivus, and the other one in the supra sella area.

**Case 1:** A 45 year-old woman, was diagnosed as acromegaly by the family doctor. Growth hormone (GH) = 44ng/ml, IGF1=504ng/ml (150-350). Prolactin (PRL) = 37ng/ml. The rest of pituitary function was normal. Cerebral MRI showed a tumor measuring 16x14mm located in the sphenoid sinus/ clivus with pituitary empty sella.



**Case 2:** A 24 year-old woman consulted for secondary amenorrhea. Clinical examination argued for acromegaly. Hormonal assessment confirmed the diagnosis as GH=76ng/ml, IGF1= 563ng/ml (105-217), PRL=15ng/ml. The rest of pituitary function was normal. MRI showed an intra and supra sella tumor measuring 24x19x16mm without cavernous system invasion or sella floor depression. She was operated on, but the resection was partial as the post operative tumor height was 12mm. Immunohistochemical study pleaded for pure somatotroph adenoma. Then after, she was treated by somatostatin analogues with a good result as only a 6mm tumor located in the infundibular area, near the chiasm, persisted. The diagnosis of ectopic pituitary adenoma was made in retrospect.



## Conclusion:

**The two somatotroph adenomas are considered as ectopic: One was in the sphenoid sinus and/or in the clivus, and the other one was in the infundibular area. The last one was diagnosed retrospectively after tumor shrinkage under somatostatin analogues.**

