

Pituitary Enlargement in Pregnancy Presenting with Visual Field Defects and Interesting Pituitary Imaging

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We report a rare case of a patient presenting with headaches and almost complete bilateral hemianopia during her third trimester of pregnancy. This lady presented with headaches and vomiting 2 years prior, with a pituitary MRI initially reporting an acute pituitary haemorrhage. She was managed conservatively with cabergoline then.

This time, due to progression of her visual field defects (formal perimetry showing bitemporal hemianopia), it was decided in a multidisciplinary meeting to perform a Caesarean section at 37 weeks and start Cabergoline post-operatively, as the patient did not plan to breast-feed. She had a raised prolactin in keeping with pregnancy (5950 mu/L), but the rest of her pituitary profile was normal.

Since her delivery, she has had repeat MRI imaging, which showed regression in the size of her pituitary gland with no compression of the optic chiasm. She was gradually weaned off the cabergoline. There was no evidence of any endocrine dysfunction. However, the patient still reports some persisting visual defects, which are unaccounted for in view of her most recent pituitary imaging. She has been referred on for neuro-ophthalmic assessment.

Upon reviewing her initial pituitary MRI and subsequent imaging at a later date, it was noted that the patient had a bulky pituitary gland, but the signal characteristics on MRI remained unchanged, which brought the original diagnosis of pituitary haemorrhage into question. It was therefore felt that this was either a proteinaceous developmental cyst or persisting blood products on serial imaging. This pituitary abnormality in combination with physiological pituitary gland enlargement in pregnancy is likely to have caused chiasmal compromise and visual field defects in this patient.

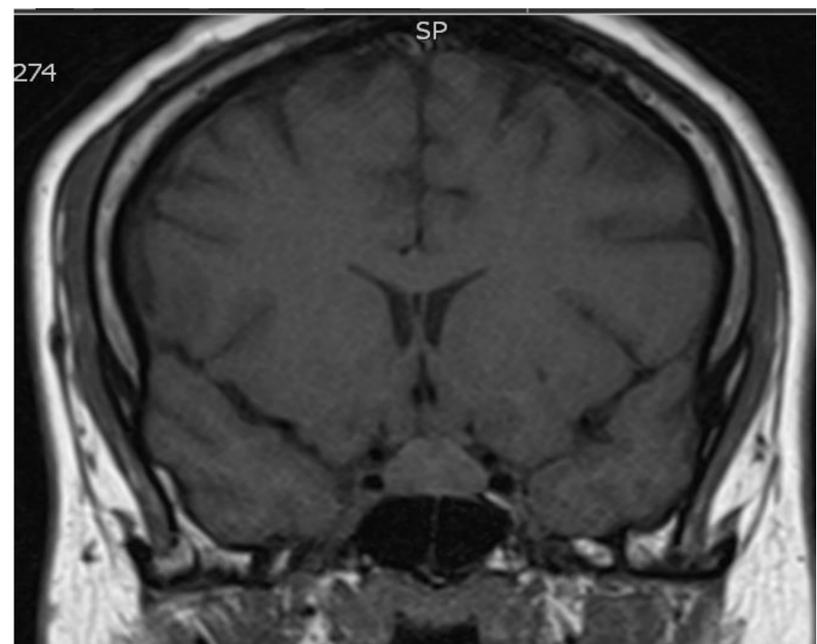
This case demonstrates the importance of multi-specialty management in a complex patient to achieve a satisfactory outcome. The patient has been strongly advised to avoid future pregnancies, as it is likely that she will get chiasmal compression once again.



T2 weighted MRI (contrast) at first presentation 2012



T1 weighted MRI (non-contrast) during pregnancy 2014



T1 weighted MRI (non-contrast) during pregnancy 2014

