A rare case of ulcerative colitis coexisting with lymphocytic hypophysitis

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Introduction

Lymphocytic hypophysitis is heterogeneous inflammatory processes of the pituitary gland and may cause isolated hormone deficiency, but rarely occurs as panhypopituitarism. We aim to present a rare case of ulcerative colitis coexisting with lymphocytic hypophysitis.

Case presantation

A 42-years old woman with ulcerative colitis was applied for our department of internal medicine with hypoglycemia. Her capillary blood glucose levels were found 22 and 33 mg/dL without typical hypoglycemic symptoms. She complained from weakness, anorexia, weight loss, secondary amenorrhea and chronic diarrhea for three months. She was diagnosed with ulcerative colitis 11 years ago and was treated with meselazine tablets and enema. Oral steroid therapy was started in 2014 and doses were gradually tapered and stopped. Her physical examination revealed pulse rate of 55 per minute, blood pressure of 90/60 mmHg with pale skin. No other abnormal finding was found on physical examination. Secondary hypothyroidism and secondary adrenal insufficiency were considered according to endocrinological examinations. Prolonged 75 g oral glucose tolerance test was also performed, hypoglycaemia was not observed during the test. Pituitary magnetic resonance imaging showed findings consistent with lymphocytic hypophysitis (Figure 1). Present laboratory and imaging findings suggested the presence of lymphocytic hypophysitis. She was initially treated with hydrocortisone and then L-thyroxine replacement therapy. After the treatment, we observed markedly improvement her signs and symptoms such as weakness, anorexia and hypoglycemia (Figure 2).

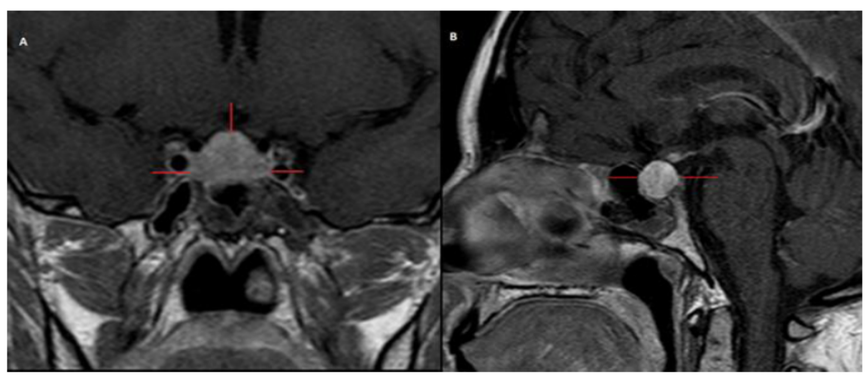

Figure 1: Pretreatment MRI of the pituitary gland. Post-contrast T1-weighted coronal (A) and midsagittal (B) images shows marked contrast enhancement of thickened pituitary gland.

Discussion

Lymphocytic hypophysitis is a autoimmune diseases of the pituitary gland. Adrenal insufficiency, hypothyroidism, hypogonadism, hyperprolactinemi and diabetes insipidus may occur depend on what part of the pituitary is affected. 80 % of patients with pituitary antibodies also have antibodies to thyroid gland or its hormones (1). Furthermore, 20% of the patients with autoimmune thyroid disease also have pituitary antibodies (2). It may be associated with other autoimmune diseases. The certain pathogenic mechanism of ulcerative colitis not known exactly. Available data suggests that inflammatory bowel disease results from complicated interactions between environmental factors, genetic predisposition, and immune dysregulation. Especially, immune dysregulation may be important in the pathogenesis of inflammatory bowel disease (3). Therefore, ulserative colitis may be associated with other autoimmune diseases

According to our krowladge, coexistence of ulserative colitis and lymphocytic hypophysitis was not reported in the literature, hence. our case was the first patient.on these subject.

Conclusion

Although some autoimmune diseases may be together, coexistence of ulcerative colitis and lymphocytic hypophysitis is rarely situation. These patients should be followed in terms of autoimmune polyglandular syndrome.

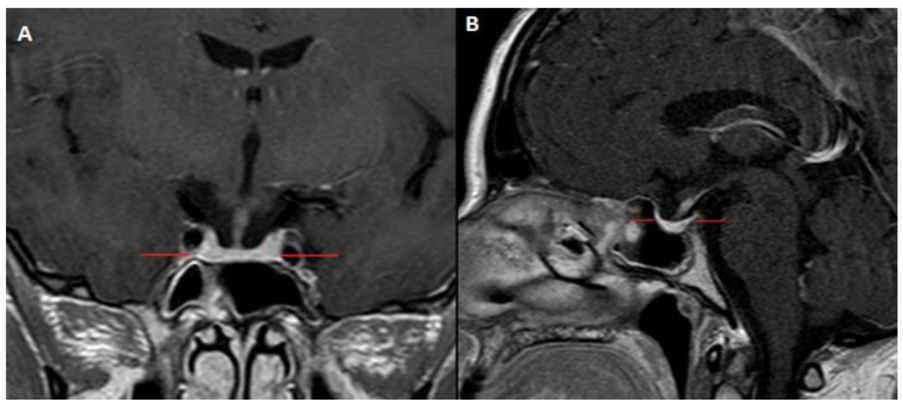

Figure 2: MRI obtained at 6 months after corticosteroid treatment showed marked decline in the size of pituitary gland with post-contrast T1-weighted coronal (A) and midsagittal (B) images.

References

1- Strömberg, S., Crock, P., Lernmark, A., Hulting, A.L., (1998). "Pituitary autoantibodies in patients with hypopituitarism and their relatives". *J. Endocrinol.* **157** (3): 475–80.
2- Caturegli, P., (2007). "Autoimmune hypophysitis: an underestimated disease in search of its autoantigen(s)". *J. Clin. Endocrinol. Metab.* **92** (6): 2038–40.
3- Kaser A, Zeissig S, Blumberg RS. Inflammatory bowel disease. Annu Rev Immunol. 2010;28:573–621.