

PITUITARY APOPLEXY PRECIPITATED BY POSSIBLE HEAD TRAUMA IN A NIGERIAN: A CASE REPORT

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INTRODUCTION

Pituitary apoplexy is an endocrine emergency, commonest cause is pituitary adenoma. It can occur with or without precipitating factors. Commonest precipitating factor is hypertension.

- Post traumatic pituitary apoplexy due to tumor infarction is not common.

CASE REPORT

58 year old male Nigerian painter presented with sudden loss of consciousness, sudden headache and weakness in the upper and lower limbs following fall from three meters high ladder while painting a house..He had a preceding history of poor vision in his right eye. No headache and no vomiting. He was not hypertensive or diabetic. His social and family history was unremarkable. Also married with five children.

Presented with laceration in the occipital region. His Glasgow coma scale was 10 (eye opening 3, verbal response 3 and motor response 4). The power in all limbs is 4.. Pupils were sluggishly reactive to light. His pulse rate was 93 beats per minutes and blood pressure was 155/103mmHg. Also noticed to have slurred speech after regaining consciousness within 10 minutes of fall.. Initial assessment was Traumatic Brain injury to rule out Stroke.

His Brain CT scan (non contrast) showed pituitary fossa hemorrhage and hemorrhagic sellar/suprasellar mass suggestive of apoplectic pituitary macroadenoma.. While on admission he developed persistent hypoglycemia. Hormonal profile showed low basal cortisol of 99nmol/L, low ACTH of 0.5pmol/L, low LH of 0.9u/L, and thyroid function test suggestive of hypothyroidism. Visual acuity showed no light perception on the right eye and 20cm visual acuity on the left eye. Serum electrolytes and renal function were essential normal. An assessment of Hypopituitarism secondary to post traumatic pituitary apoplexy with C5 quadriparesis was made.

He was commenced on intramuscular hydrocortisone 100mg every 6 hours. Repeat basal cortisol and RBG level was normal. He was changed to oral prednisolone 5mg am and 2.5mg pm and tabs levothyroxine after discontinuation of hydrocortisone. Further care was hampered by severe financial constraint and he was lost to follow up.

BRAIN CT SCAN(NON CONTRAST)



CONCLUSION

Pituitary apoplexy could be precipitated by head trauma with or without pituitary tumor. High index of suspicion is needed to avoid missed diagnosis.

