



From Headache to Aggressive Pituitary Macro Adenoma

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Pituitary macroadenomas (PM) are rare, slowly growing tumors. The clinical onset is related to pituitary insufficiency symptoms, visual field defects, headache, etc [1].

We present an unusual case of PM with a very low clinical profile despite the large volume. 51-year male with irrelevant medical history accused mild headache from time to time since the last several years. He did not ask for a clinical examination and decided to take a general practitioner control only when he had a small seizure episode (absence type). Further neurological and then imagery scan pointed a large pituitary mass of 7 by 4 centimeters (cm) with lateral and supra-sellar extension (up to the level of third ventricule) (Figure 1). The endocrine assays showed mild central hypothyroidism and hypogonadism associated with non-specific complains that the patient ignored up to this moment (Table 1). After transfenoidal hypophysectomy the pathological report confirmed the pituitary adenoma with an imunohistochemistry Ki67 proliferation index of 10%. Close follow-up was recommended.

Aggressive pituitary features are indicated by the large diameters and a high Ki67 value (more than 1% in this type of tumors); and also by male sex, supra-sellar and cavernous sinus invasion [2]. Despite the fact that one third of hypophyseal tumors associated headache the diagnosis may be delayed [3].

This case highlights the importance of health care and education in presenting for a routine medical control even in cases of unspecific complains as headache.

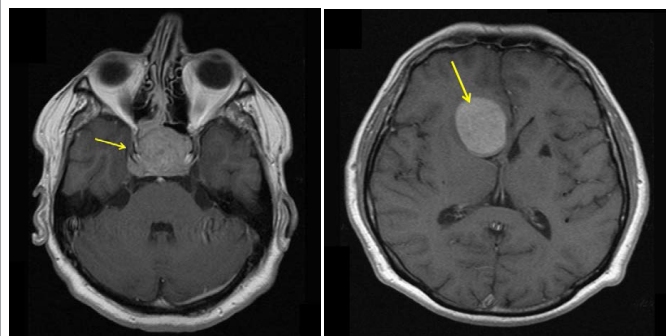


Figure 1: Magnetic Resonance Imagery showing a pituitary adenoma of 7 by 4 cm in an adult male; transverse plane at different levels (yellow arrow).

Parameter	Level	Normal ranges	Units
FSH (Follicle Stimulating Hormone)	3	1.5-12.4	mIU/mL
Total plasma testosterone	8.5	9.9-27	nmol/L
Prolactin	90	98-456	µIU/mL
TSH (Thyroid Stimulating Hormone)	1	0.5-4.5	µIU/mL
FreeT4	9	10.6-22.7	pmol/L
IGF1 (Insulin Growth Factor 1)	78	66-225	ng/mL
Morning plasma ACTH (Adrenocorticotrophic hormone)	24	3-46	pg/mL
Plasma morning cortisol	120	171-536	nmol/L

Table1: The endocrine parameters in a newly discovered pituitary mass: mild secondary hypothyroidism and hypogonadism.

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