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CASE REPORT**INCIDENTAL FINDING OF PITUITARY MACROADENOMA
IN A PATIENT WITH CHRONIC SUBDURAL
HAEMATOMA: A CASE REPORT**

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ABSTRACT

Background: With the advent of modern radiologic imaging there is increase in the detection of pituitary lesions in imaging done for others non-related lesion.

The aim of this review is to report our first case of pituitary incidentaloma in a patient who was evaluated for chronic subdural haematoma

Case Presentation: A 65-year-old known hypertensive presented initially to the internal physicians with severe headache, change in sensorium and right sided weakness. He has had history of a fall 6 weeks prior to presentation.

His Glasgow coma scale score was 14/15 (E4V4M6). The power on his right upper and lower limbs was 3/5 and on the left limbs was 5/5. He had global exaggerated reflexes and hypertonia.

Computerized Tomographic (CT) Scan of the brain done showed massive left subdural haematoma and 14 by 12 by 15 sellar mass. (Figure 1) Pituitary hormonal assay showed decrease in cortisol and other pituitary hormones with slight increase in prolactin.

He subsequently had unilateral double burr hole and drainage. He did very well and was discharged 2 days after surgery. At his first follow up visit he was offered the option for further evaluation and treatment of the pituitary lesion but he declined due to financial constraints.

Conclusion: Incidental finding of pituitary tumour is a reality in our setting. A lot need to be done to make modern radiological imaging readily available and affordable to increase yield.

Keywords: Pituitary, adenoma, incidental, incidentaloma

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Introduction

Pituitary tumours are third most common primary brain tumours after gliomas and meningiomas, accounting for 10-15% of all primary brain tumours in adult.¹ Higher incidence have been reported in autopsy series.² This showed that a lot of pituitary tumours are asymptomatic. With the advent of modern radiologic imaging there have been reported increase in the detection of pituitary lesions in imaging done for others non-related lesion.³⁻⁵ The incidental finding of pituitary adenoma is also called pituitary incidentaloma.⁶⁻⁹ Its prevalence ranges from 11 % in autopsy studies to 4–20 % and 10–38 % in computed tomography (CT) and MRI studies, respectively.¹⁰ The aim of this review is to report our first case of pituitary incidentaloma in a patient who was evaluated for chronic subdural haematoma.

Case Presentation

A 65-year old retired civil servant presented to our facility with severe headache, change in sensorium and right sided weakness. He has had history of a fall 6 weeks prior to presentation. He is a known hypertensive not regular on his drugs. His Glasgow coma scale score was 14/15 (E4V4M6). The power on his right upper and lower limbs was 3/5 and on the left limbs was 5/5. He had an exaggerated reflexes and hypertonia on the right upper and lower limbs.

Computerized Tomographic (CT) Scan of the brain done showed massive left subdural haematoma with significant midline shift. There was also a huge sellar mass measuring 15 by 12 by 14 mm in its coronal, axial and sagittal planes. Pituitary hormonal assay showed decrease in cortisol and other pituitary hormones with slight increase in prolactin.

He subsequently had left-sided double burr hole and drainage. He did very well and was discharged 2 days after surgery. At his first follow up visit he was offered the option for further evaluation and treatment of the pituitary lesion but he declined due to financial constraints.

Discussion

The incidental finding of pituitary tumour in the patient being evaluated for chronic subdural haematoma may pose a challenge to clinicians and patients alike. The index patient was initially being managed for stroke prior to the CT Scan Request. This is a very common challenge in our setting where CT Scan is not readily available, and where it is available problems such as erratic power supply and affordability is still being grappled with.

Although we are yet to have the benefit of a histopathological diagnosis, the radiographic features of the patient's lesion suggest a pituitary macroadenoma. Most pituitary incidentalomas are adenomas with microadenomas predominating.³⁻⁵ Our patient had large adenoma with hypopituitarism this is similar to findings elsewhere.¹¹⁻¹⁴ The patient was asymptomatic despite a huge sellar lesion. It is possible the patient may have had symptoms which he may have ignored. This is very common especially in our setting because of the health seeking behaviours among the populace.¹⁵ This is reinforced by the examination of the patient after he fully recovered which showed that he had bitemporal hemianopia.

Most authors advocate for the screening for hormonal hypersecretion for pituitary incidentalomas.^{3-5,11-14} In this case of the patient, pituitary function test revealed features of hypopituitarism with the prolactin slightly high most likely due to stalk effect.

The patient will benefit from resection of the adenoma either via the currently available open craniotomy in our center or via the transphenoidal route.

Conclusion

Incidental finding of pituitary tumour is a reality in our setting. A lot need to be done to make modern radiological imaging readily available and affordable to increase yield.

Figure 1: Patient's Pre-contrast axial (a), coronal (b), sagittal (c) and Post contrast axial (d), coronal (e) and sagittal (f) CT Scan showing the left chronic subdural haematoma and incidental findings of Pituitary macroadenoma.

Conflict of Interest

None to declare.

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