

Pituitary abscess, case report

Abseso hipofisiario, reporte de un caso

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Introduction

Pituitary abscess are a not frequent pathology, the diagnostic is difficult. Correspond between 0.2 to 0.6% of pituitary lesions. The clinical presentations is with vague symptoms, with diabetes insipidus, hypopituitarism, and ring-enhancing sellar mass being more frequent. Caused by hematogenous or direct spread, by complication of pre-existing lesions and by complications of transsphenoidal surgery.

The most frequent microorganisms are gram-positive cocci (*Staphylococcus/Streptococcus*), gram-negative cocci such as *Neisseria*, *E. coli* and *corynebacterium*.

Case report

A 24-year-old man with a history of recurrent treated conjunctivitis. He begins a 4-month history headache, polyurea, hair and weight loss. Study highlights panhypopituitarism and brain MRI shows a 13x16 mm sellar lesion with mass effect that captures ring contrast. Infectious and

autoimmune study negative. Visual field with minimal upper left temporal defect. A biopsy was performed through transsphenoidal endoscopic surgery, showing an encapsulated lesion that, when manipulated, presented pus leakage. Culture (+) to multisensitive *Staphylococcus aureus*. Biopsy with fragments of adenohypophyseal tissue, cellular debris and nuclear polymorphs. Treatment is completed for 6 weeks with Cloxacillin. At 3 months, panhypopituitarism persisted with hormonal supplementation, with visual field improvement and MRI with pituitary abscess drainage without complications.

Conclusions

It is a difficult-diagnose pathology, which should be suspected in patients with ring-enhancing sellar mass associated with panhypopituitarism from the beginning. Treatment is transsphenoidal surgery, antibiotics, and hormone replacement. The prognosis is good but with partial recovery from panhypopituitarism.

icono de la cámara y enlace a youtube

<https://youtu.be/Pm53Esitijl>

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