



ISSN NO. 2320-5407

Journal homepage: <http://www.journalijar.com>

INTERNATIONAL JOURNAL
OF ADVANCED RESEARCH

RESEARCH ARTICLE

APOPLEXY OF PITUITARY ADENOMA WITH ISOLATED 3rd NERVE PALSY A RARE PRESENTATION: A CASE REPORT

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Manuscript Info Abstract

Manuscript History:

Received: 26 July 2014

Final Accepted: 16 August 2014

Published Online: September 2014

Key words:

Pituitary apoplexy, acute
haemorrhage, acute infarction, 3rd
nerve palsy,

Pituitary apoplexy is defined as an acute infarction or acute hemorrhage of pituitary gland. It is a severe and potentially life-threatening condition that may be highly variable in its clinical presentation.¹ Pituitary apoplexy may be associated with a variety of neurological and endocrinological abnormalities but presenting with isolated 3rd nerve palsy is very rare presentation

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Introduction

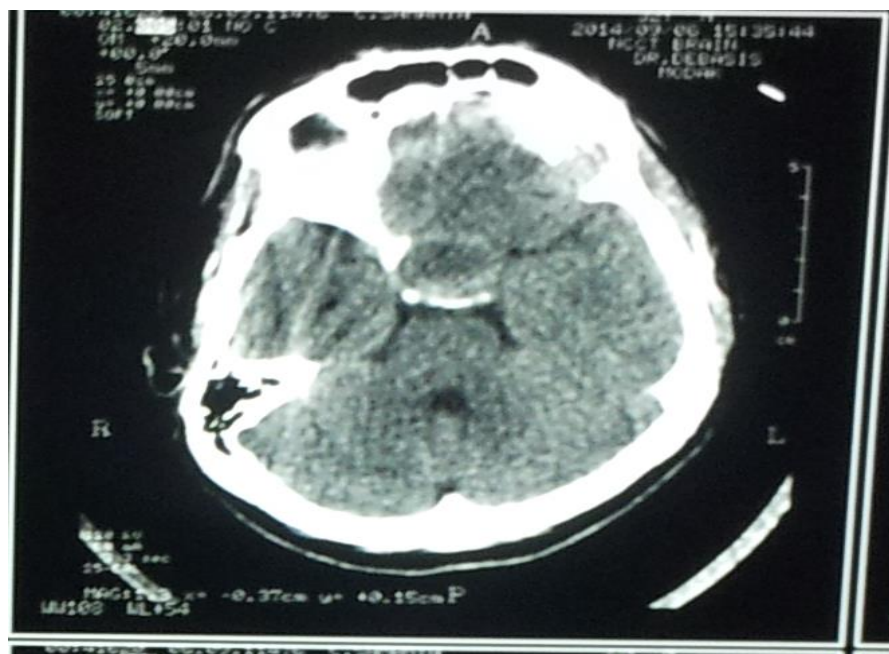
Case report-

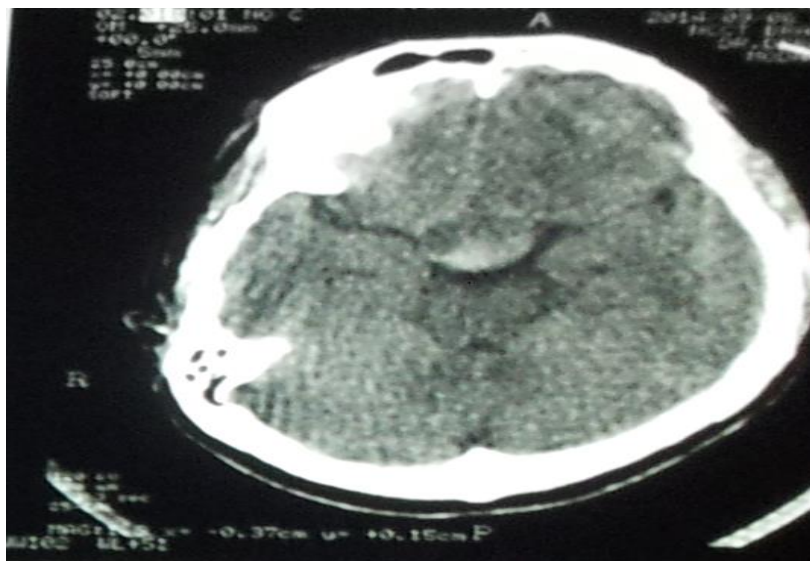
We report a 32 year old male normotensive, non diabetic presented to our emergency department with history of intermittent headache for last 6 months followed by severe headache today associated with non projectile vomiting and blurring of vision, with Left eye diplopia, and ptosis. On examination patient was drowsy, confused but obeying commands and moving all four limbs. GCS was 14/15 Pallor, Icterus, Cynosis, and edema were absent. HR=62bpm, BP=130/90mmHg, spo₂=98% on RA, RBS=174mg/dl, Temp=98⁰F, RR=16/min.

HEENT examination revealed ptosis of left eye, dilated left pupil (5mm) but slowly reactive left pupil. The right pupil was 3mm and normally reactive to light. Right side Extra-ocular movements were intact. All other cranial nerves were unremarkable. Chest had B/L air entry equal, no adventitious breath sounds. Cardiovascular system was normal, no abnormal murmurs were heard. CBC was normal. Serum Na was 124, serum K 4.3 Urea 35, crea 0.8. ECG was showing NSR.

An emergency CT scan without contrast revealed a hyperdense mass in the sellar and supra sellar area with acute hemorrhage.

The CT findings showing that the tumor was compressing and displacing the optic chiasm, explaining the acute visual field changes.





The above mentioned clinical and radiological findings supported a newly diagnosed pituitary adenoma with acute left 3rd nerve palsy secondary to pituitary apoplexy.

Discussion

Pituitary apoplexy is an uncommon but life threatening condition that presents with visual changes, headaches and ophthalmoplegia from the sudden and acute onset of pituitary hemorrhage. The age range for patients with pituitary apoplexy ranges from the first to the ninth decade peaking in the 5th decade¹.

Most patients have some degree of visual changes from compression of cranial nerves III, IV, V and VI either unilaterally or bilaterally. Various degrees of ophthalmoplegia, papillary defects and ptosis are observed from mass effect from an enlarging hematoma. Cranial nerve III is particularly susceptible to expanding hemorrhage from pituitary apoplexy because of its location in the lateral aspect of the cavernous sinus, traveling at the level of the pituitary gland^{2,3}.

The visual symptoms may include both visual acuity impairment and visual field impairment from involvement of the optic nerve or chiasm and ocular motility dysfunction from involvement of the cranial nerves traversing the cavernous sinus⁴.

Aim

Our case and aim of reporting this case of Pituitary apoplexy is about how Pituitary apoplexy can have a variable clinical presentation but should be suspected in any patient with severe headache, visual defects, ophthalmoplegia or altered mental status⁵.

Conflict of Interest:- None

Role of Funding source:- None

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