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.

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