A PATIENT WITH RADIOLOGICAL DILEMMA: HEMORRHAGIC PITUITARY ADENOMA OR RATHKE'S CLEFT CYST ?

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INTRODUCTION

- Rathke's cleft cyst is one of the pituitary non-adenomatous tumors that found in about 20% of pituitary glands at autopsy.
- Symptomatic Rathke's cleft cysts are rarely, but these cysts can cause serious medical problems associated with compression of the pituitary gland, pituitary stalk, optic nerve or hypothalamus.
- Here, we report a rare case of 73 years old man with sudden onset headache due to Rathke's cleft cyst present with symptoms and radiological features like apoplexy of pituitary adenoma.

CASE

- A 73-year-old man admitted to our hospital with weight loss and sudden onset headache.
- His body mass index were 31.8 kg/m2, blood pressure: 120/84 mmHg and 68/min with a regular rhythm.
- Neurologic examination was normal.
- Laboratory findings were as follows: CBC was normal, Serum sodium: 138 mmol/L, potassium: 4.8 mmol/L, urea nitrogen: 35 mg/dL, creatinine: 1.1 mg/dL, fasting plasma glucose: 102 mg/dL, hemoglobin A1c: 7.3%.
- Anterior pituitary function tests were as follows: morning serum cortisol 0.99 µg/dL, Adrenocorticotrophic hormone (ACTH) 14.2 pg/mL, free T3 1.82 µg/dL, free T4 1.32 µg/dL, thyroid stimulating hormone (TSH) 2.36 mIU/mL, luteinizing hormone (LH) 1.18 mIU/mL, follicle stimulating hormone (FSH) 2.47 mIU/mL, serum testosterone <0.0025 ng/dL and serum prolactin of 12 ng/mL. His laboratory tests revealed panhypopituitarism.
- Brain magnetic resonance imaging (MRI) showed a 20 15 cm sized sellar cystic lesion, which consisted of a Rathke's cleft cyst.
- On the basis of these results, supplementation with thyroid hormone and glucocorticoid was started.
- After 1 month of supplementation treatment control MRI showed a 8.7 4.3 cm Rathke's cleft cyst which was regressed compared to initial imaging.

CONCLUSION

- The neurologic symptoms of endocrinopathies can be associated with Rathke's cleft cyst and hemorrhagic pituitary adenoma.
- The radiological evaluation can be spurious in these patients. Longer follow-up must be needed in order to confirm the exact diagnosis.