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Background

- 74 year old female
- 1994- secondary amenorrhoea, prolactin 30,000 mu/L
- CT -> pituitary macroadenoma, extension to the sellar floor and the sphenoid bone, no chiasm compression
- 1995 - external beam radiotherapy as lesion unchanged in size despite dopamine agonist and prolactin suppression
- Remained well for 23 years
- 2017 - Routine CT - no recurrent tumour but noted destruction of sellar floor
- PMHx- COPD, AF on apixaban

Investigations and Results

- CT angiography (intracranial)
- bony defect right sphenoid sinus in keeping with osteoradionecrosis
- exposure of the right internal carotid artery
- features of recent haemorrhage
- Final diagnosis
- sphenoid osteonecrosis
- life threatening haemorrhage from exposed internal carotid artery
- Significant co-morbidity- managed conservatively

Re-presentation

- 2018 presented acutely- severe epistaxis
- Unable to control with conservative measures, ongoing significant haemorrhage
- ENT theatre - operative haemostasis
- bleeding from the right sphenoid sinus noted

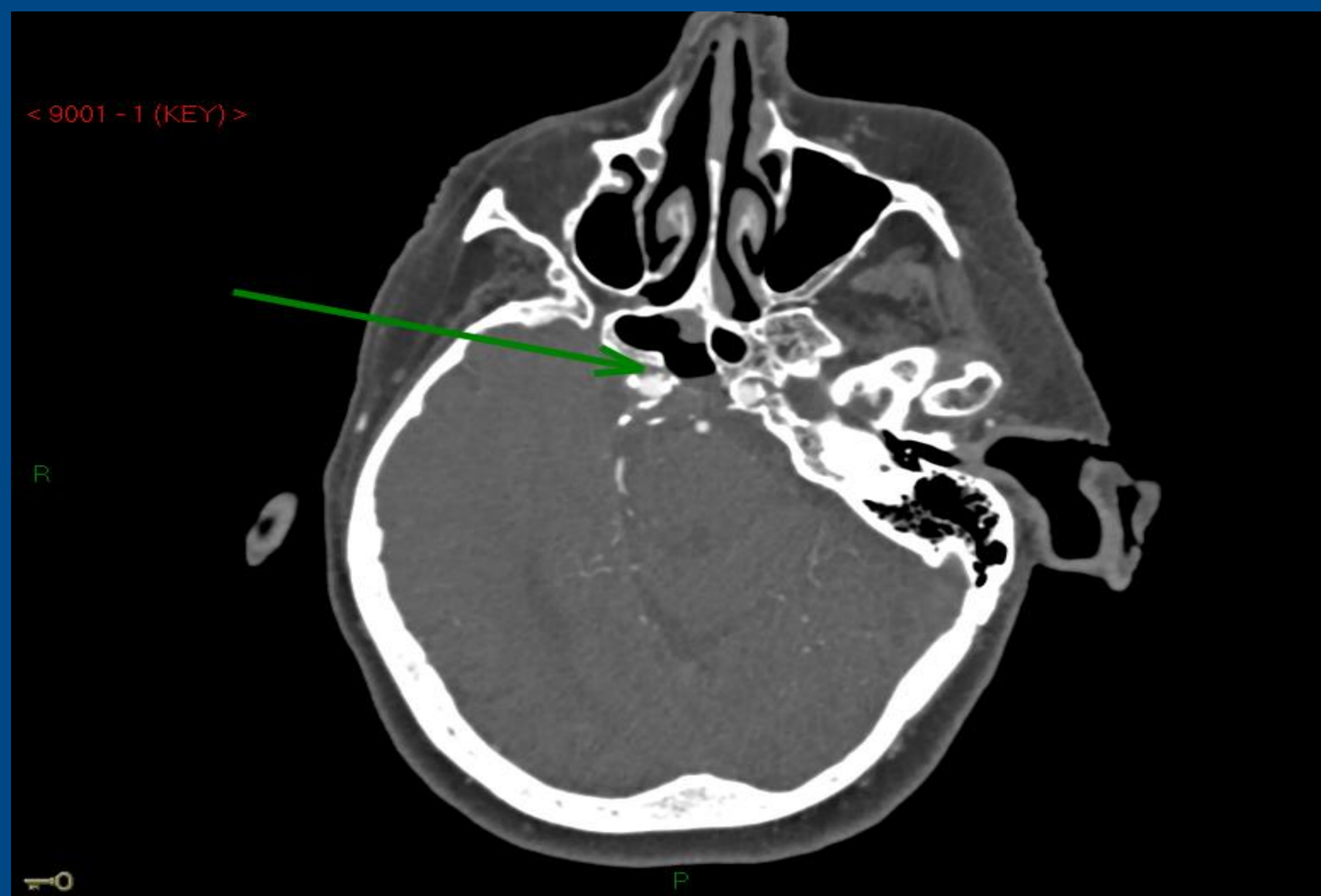


Figure 1: CT angiography- sphenoid necrosis and right ICA exposure

References

- 1) Bhandare N, Mendenhall WM. A literature review of late complications of radiation therapy for head and neck cancers: incidence and dose response. *J Nucl Med Radiat Ther S.* 2012;2(009).
- 2) Mitchell MJ, Logan PM. Radiation-induced changes in bone. *Radiographics.* 1998 Sep;18(5):1125-36.

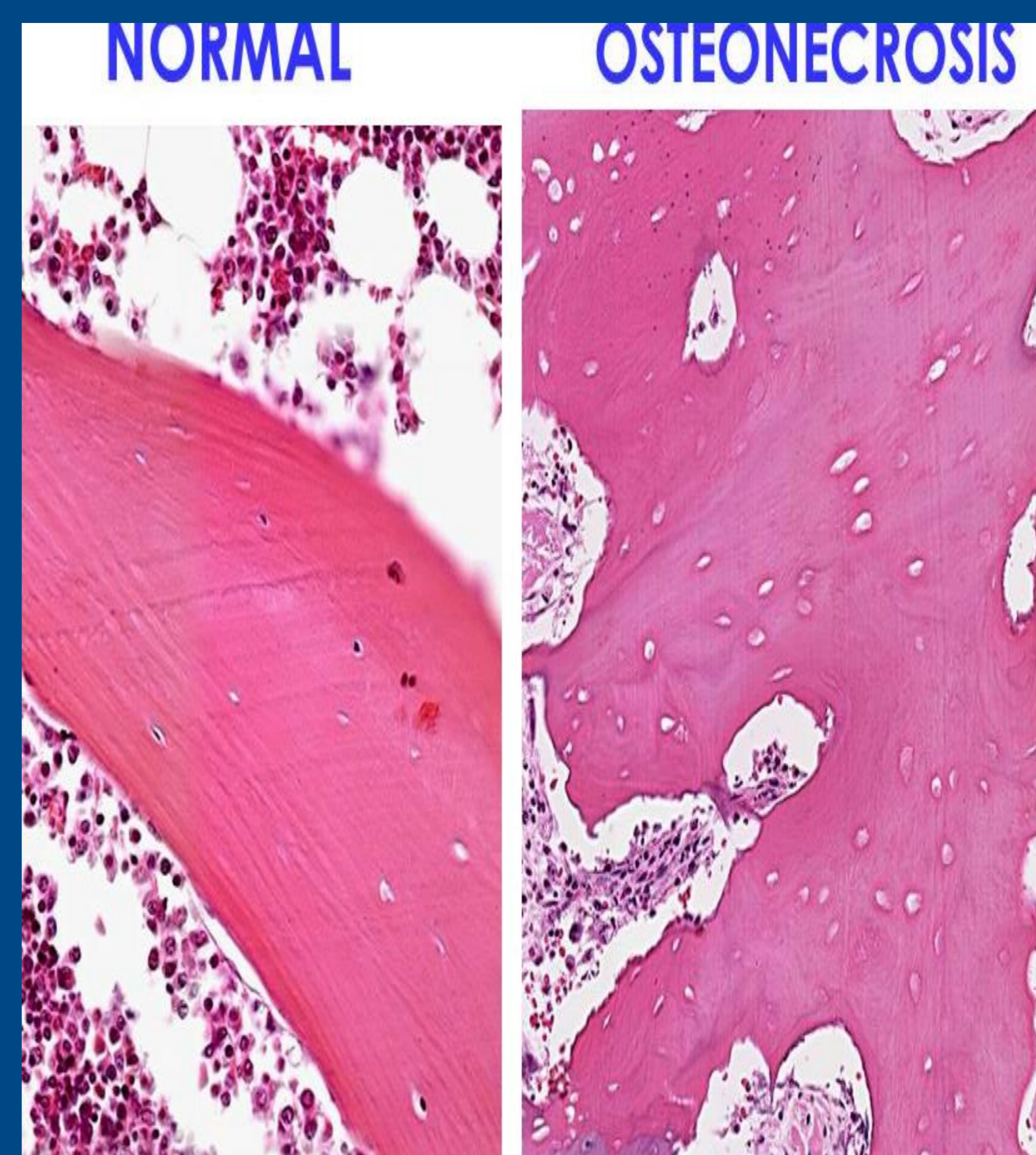


Figure 2: Histological appearances of osteoradionecrosis with poorly organised bone, reduced matrix, decreased osteoblast activity and vascular injury

Discussion

- Pituitary macroadenomas can more rarely extend down and erode into sphenoid bone presenting unique challenges
- Osteoradionecrosis is delayed and persistent necrotic bone in a radiation field in the absence of recurrent neoplasm and is well described in head and neck cancers
- Acute internal carotid artery haemorrhage is previously described in context of osteoradionecrosis of the skull base with radiotherapy for nasopharyngeal cancers but not previously reported in pituitary disease
- We postulate this a rare long term side effect from invasive pituitary disease exacerbated by radiotherapy treatment