A case report of spontaneous remission of acromegaly after pituitary apoplexy

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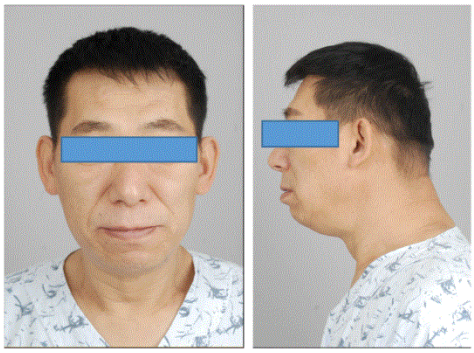
Background: Pituitary apoplexy is an endocrine emergency, resulting from infarction or hemorrhage of the pituitary gland. Rarely, pituitary apoplexy can be presented as the first manifestation of functioning adenomas, and lead to spontaneous remission of hormonal hypersecretion. We report a case of male with acromegaly who showed signs of pituitary apoplexy but, no GH hypersecretion.

Case: Previous healthy 54-year-old-man, complaining of headache ongoing for a month, was diagnosed with 3.5cm pituitary mass on brain MRI. He was admitted to neurosurgery department for acromegaly like feature. Intermittent Headache persisted without neurologic deficit. Acromegalic appearance had progressed during the prior 7 years. He was troubled on severe general weakness and nausea, which started a week before the admission. Laboratory test revealed hyponatremia (Na+ 114 mmol/L) and pituitary hormone profile showed secondary hypothyroidism, normal IGF-1 (140 ng/mL), central hypogonadism and hyperprolactinemia (Prolactin 442 ng/mL). Initially we assessed macroprolactinoma with panhypopituitarism. We replaced glucocorticoid, thyroid hormone and testosterone, and then he was discharged with cabergoline for macroprolactinoma. On 25th date after cabergoline started, he was referred to the emergency room for severe headache and general weakness. Laboratory test revealed hyponatremia and intra-tumoral hemorrhage was found on CT, sell turcica, suggesting pituitary apoplexy after cabergoline and consequent adrenal insufficiency. He had trans-sphenoidal surgery for increasing tumor and subsequent visual defect. After reviewing this case, it should had been assessed as synchronous GH- and prolactin-secreting pituitary adenomas. Considering minimal intra-tumoral hemorrhage on initial brain MRI, there may be recurrent subclinical pituitary apoplexy including initial episode and then GH-secreting tumor spontaneously had resolved, presenting normal IGF-1.

Conclusion: This case highlights a rare type of pituitary adenoma, synchronous GH- and prolactin-secreting pituitary adenoma, with spontaneously cured hormonal hypersecretion after pituitary apoplexy.

A. Acromegaly like appearance



B. Intra-tumor hemorrhage on CT, sella turcica