AACE Clinical Case Rep. 10 (2024) 264–265

Clinical Case Reports™
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Visual Vignette

Panhypopituitarism Secondary to Pituitary Abscess

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ARTICLE INFO

Article history:
Received 10 June 2024
Received in revised form
24 July 2024
Accepted 12 August 2024
Available online 21 August 2024

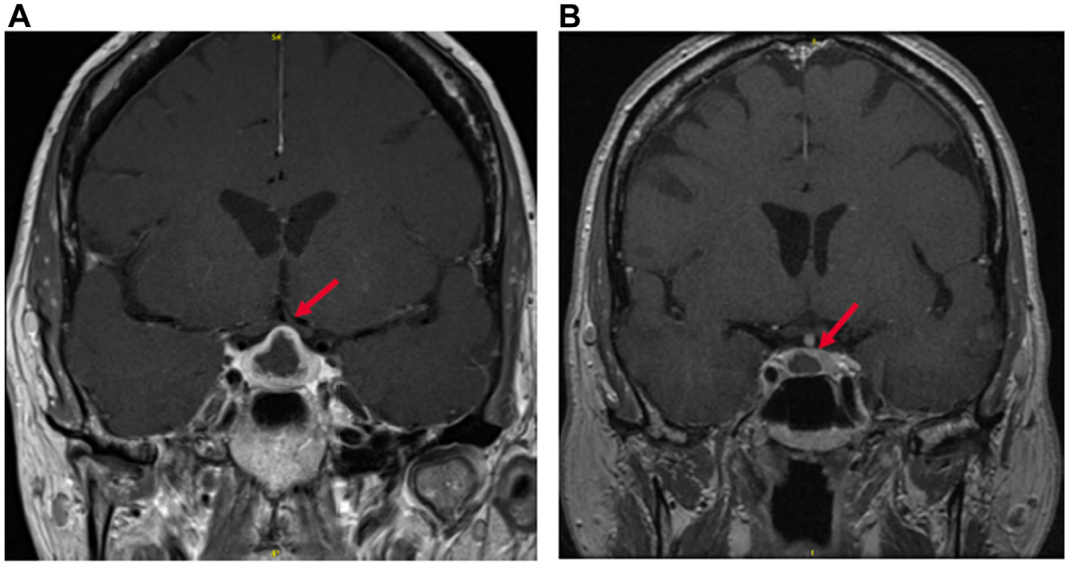
Case Presentation

A 59-year-old woman with a known history of cystic pituitary lesion for 2 years presented with a 3-week history of worsening daily headaches, loss of peripheral vision/double vision, and fatigability with increased thirst and frequent urination and no history of fever or night sweats. The laboratory results showed a prolactin level of 85 ng/mL (normal range, <25 ng/mL), thyroid-stimulating hormone level of 1.4 mIU/L (normal range, 0.4-4.2 mIU/L), free thyroxine level of 0.6 ng/dL (normal range, 0.9-1.7 ng/dL), follicle-stimulating hormone of 2.5 lU/L (normal range, 1.7-21 IU/L), luteinizing hormone level of <0.3 lU/L (normal range, 1.0-12.6 IU/L), and sodium level of 145 mg/dL (normal range, 135-145 mg/dL). Her pituitary magnetic resonance imaging showed significant enlargement of the cystic degeneration of the pituitary lesion with extension to the optic chiasm (Fig. *A*) in comparison to her previous magnetic resonance imaging on December 20, 2021 (Fig. *B*).

What is the diagnosis?

Answer

Given the history and physical examination findings, which were concerning for panhypopituitarism, the differential diagnoses included pituitary apoplexy, Rathke cleft cyst, arachnoid cyst, pituitary abscess, cystic pituitary adenoma/cystic degeneration of a



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https://doi.org/10.1016/j.aace.2024.08.004
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pituitary tumor, and epidermoid cyst. She underwent urgent transsphenoidal surgery and was found to have a pituitary abscess, which was drained surgically. Bacterial cultures grew *Enterococcus faecalis* and *Staphylococcus epidermidis*. She completed a total of 8 weeks of intravenous ceftriaxone and vancomycin plus oral metronidazole with no recurrence of the pituitary abscess. Post-operatively, she continued to require desmopressin, levothyroxine, and hydrocortisone therapy.

Disclosure

The authors have no conflicts of interest to disclose.

Patient Consent

The patient was informed that the images will be used in the scientific publication and she gave publication consent for it.