




Giant Prolactinoma with Pituitary Apoplexy in Pregnancy: High Fetomaternal Risk

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Unbooked primigravida at 14 weeks gestation presented with loss of vision. MRI brain demonstrated giant prolactinoma with pituitary apoplexy. Endoscopic cytoreductive surgery was performed, followed by medical therapy. She had spontaneous delivery at 24 weeks, with neonatal death. Giant prolactinoma in pregnancy is rare and is associated with high fetomaternal risks (Fig. 1).

Author contribution Author 1 was involved in the diagnosis and management of the case. Author 2 provided critical radiological inputs. All authors helped in data collection and preparation of the final manuscript to be submitted. The manuscript has been read and approved by all the authors, the requirements for authorship as stated earlier in this document have been met, and each author believes that the manuscript represents honest work.

Declarations

Conflict of interest The authors declare no conflict of interest.

Informed consent Written informed consent was obtained from the patient.

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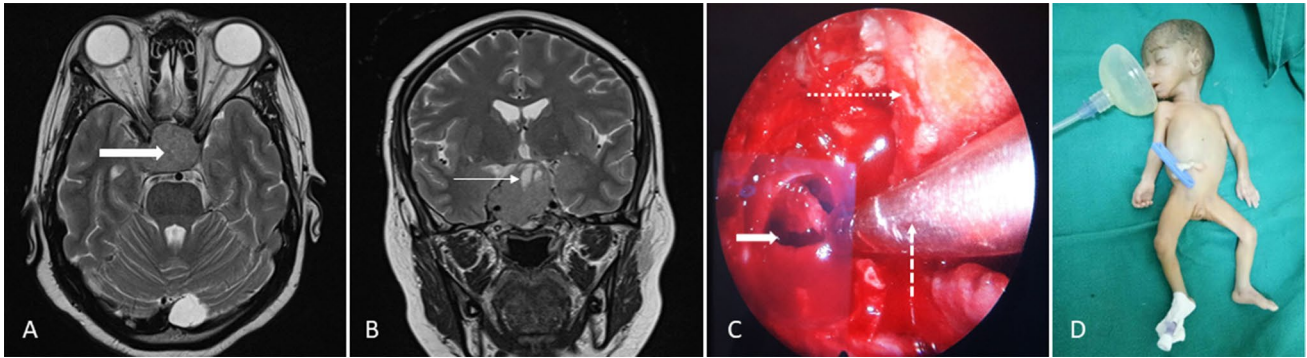


Fig. 1 Images of case **A** MRI brain showing giant pituitary adenoma (thick white arrow) measuring $4.5 \times 4.0 \times 2.0$ cm, with suprasellar and right parasellar extension and encasement of right cavernous internal carotid artery taken at 14 weeks 4 days gestation **B** Giant pituitary macroadenoma with apoplexy (thin white arrow), during the same sitting as in **A** **C** Endoscopic cytoreductive surgery showing supe-

rior turbinate (dotted white arrow) in nasal cavity during transnasal endoscopic approach, opened sellar floor (thick solid white arrow) for decompression of pituitary macroadenoma through endonasal trans-sphenoidal approach and the endoscope (dashed white arrow) **D** Premature female fetus delivered spontaneously at 24 weeks with early neonatal death