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P0255 - SECONDARY PITUITARY ABSCESS ARISING IN A CRANIOPHARYNGIOMA: AN UNCOMMON CONDITION. REPORT OF A CASE

P. López Gómez, *D. Mato Mañas, C.A. Bucheli Peñafiel, N. Terán Villagra, E.M. Rodríguez Rodríguez, F.A. Pazos Toral and R. Martín Láez*

Hospital Universitario Marqués de Valdecilla, Cantabria, Spain.

Resumen

Objectives: Pituitary abscess is an uncommon entity. They are divided into primary, arising within a healthy gland, and secondary, observed with an underlying pre-existing lesion. Most of secondary types reported are related to adenomas, while only five cases have been described within a previous craniopharyngioma. We report the sixth case of a secondary abscess arising from a craniopharyngioma.

Methods: A 59 year-old- woman presented to our medical center with a 3-week history of asthenia, headache and fever. The general and neurological examination was normal. Urgent routine blood tests, microbiology and immunology studies were normal. CSF analysis revealed high cellularity. MRI showed a pituitary lesion suggestive of a chronic inflammatory process. With the suspicion of lymphocytic meningitis with hypophysitis, antibiotics and steroids were initiated, with initial clinical improvement. However, two months later she presented with headache and fever again. New MRI showed growth of the pituitary lesion and blood tests demonstrated panhypopituitarism. In this situation, a biopsy was planned.

Results: Endoscopic transsphenoidal approach was done, identifying large amount of pus, with no clear tumor evidence. Surgical debridement was accomplished, obtaining material to microbiological cultures and histological study. No microorganism was identified. Surprisingly, definitive pathological study demonstrated a craniopharyngioma. After surgical procedure broad-spectrum antibiotic treatment was initiated with definitive clinical improvement. Posterior clinical controls demonstrated permanent panhypopituitarism with no other abnormality. Minimal residual lesion attached to the pituitary stalk was seen in the control MRI.

Conclusions: Secondary pituitary abscesses remain uncommon and potentially life threatening. This rare case presented shows that the initial presenting symptom of a secondary abscess may mimic several central nervous system entities. The key to successful management is a high index of suspicion and early proactive management. Surgical debridement combined with antibiotics is the mainstay of treatment.