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P017 - Early pituitary abscess after transsphenoidal surgery

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Resumen

We report a case of a pituitary abscess that appeared a week after a transsphenoidal microsurgical procedure, in a 37 year old woman with acromegaly. The patient complained of intermittent headaches four days after surgery followed by a sudden loss of vision. An emergency MRI demonstrated a sphenoidal sinus mass with intrasellar and suprasellar extension. Emergency surgery removed a yellow exudate. The culture was positive for *Staphylococcus aureus*. Inspection of the sphenoidal bone and the sella turcica revealed normal appearance, except for an increased brightness of the diaphragma sellae, which pulsated normally. Visual field impairment was resolved immediately after surgery. The patient was treated with intravenous antibiotic therapy: cloxacillin 2 g every 6 hours and levofloxacin 500 mg every 12 hours and discharged asymptomatic. The control MRI showed a normalized sella turcica and no signs or remains of sphenoidal. Pituitary abscesses are a very rare entity. Most of the cases present as a mass within the sella, resembling an adenoma or a Rathke's cyst. In many of these cases, preoperative diagnosis remains elusive, even in our MRI era. Some cases can have a dramatic presentation, after a surgical transsphenoidal procedure, with high morbidity and mortality. As our case shows, this complication can appear very early after surgery and has to be kept in mind in order to resolve it. The transsphenoidal drainage followed by a culture-based antibiotic therapy, represents the treatment of choice with very good outcomes and almost non-existent recurrence.