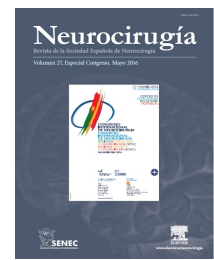




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O-ONC-20 - RECURRENT PRIMARY PITUITARY ABSCESS; VIDEO CASE REPORT

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Resumen

Objectives: Primary pituitary abscess is a scarce but life threatening condition. The recommended management involves both surgery and antibiotic therapy. Herein, we present a video case report of a 44 year old female presenting a primary recurrent pituitary abscess.

Material and methods: A 44 year old female with a complaint about amenorrhea and galactorrhea was referred to the Endocrinology department. After observing a mild prolactin level raise, and setting norprolactin treatment for 18 months, the patient neither solved nor improved her condition but also suffered from moderate headaches, increasing prolactin levels and lymphocytosis as well. A sellar space-occupying mass with suprasellar extension was diagnosed with a brain MRI, hence she was transferred to our department. As a result, we opted for a transsphenoidal microscope approach. Intraoperatively, a purulent fluid poured out after the dural cleaving; revealing a pituitary abscess caused by MS *Staphylococcus aureus*. A recurring pituitary abscess was diagnosed 3 years later, once the patient developed recurrent headaches with eyelid ptosis; she underwent an expanded endonasal transsphenoidal approach plus linezolid therapy, achieving resolution of her disease.

Results: On a 4 month follow-up, once the antibiotic oral treatment has been casted off, there is no radiological or clinical evidence of remnants of pituitary abscess.

Conclusions: Unusual etiologies of sellar masses may lead to misdiagnosing and even treatment mismanaging. Infectious diseases must be reckoned as a rare space-occupying lesions source.

Key words: *Pituitary abscess. Expanded endonasal approach.*