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P252 - Calcified pituitary adenoma "Pituitary stone" associated with severe hyperprolactinomia. Two Case report

B. El Mostarchid and M.Salami

Neurosurgery Departament of Mohamed V Military teaching Hospital, Rabat, Morocco.

Resumen

Case report: A 35-year-old male presented with 3 years- history of decreased vision in both eyes. He was obese, with height of 168 cm and weight of 87 kg. Physical and neurological examinations were normal. On ophthalmological evaluation, funduscopic showed bilateral papill oedema and bitemporal hemianopsia and a visual acuity of 2/10 on right eye and 1/10 in left eye. His acuity was not correctable. Skull radiography showed the sella turcica was large with intra and suprasellar large calcifications. A cranial computed tomography (CT) revealed an intra and suprasellar calcificated mass extending to third ventricul and into sphenoid sinus.. Bone windows demonstated that the tumor was not a bony compact lesion, but a granular calcified tumor. MR imaging showed a mixed high and low signal intra and supra sellar lesions without hydrocephalus. A prolactin level was 4,315 ng/ml. No other biological abnormality was noted. Biological phosphocalcic pool was normal. Transsphenoidal surgery was performed first. Calcified granular tissue with some grisatre aspirated tumor. The tumor was partially removed. Histological examination of specimen shows: large granular calcifications lesions with adenomatous cells. Immunohistochemistry confirmed prolactin-secreting adenoma. After surgery, the serum prolactin levels were decreased from 4,315 to 55 ng/ml. Postoperative CT scan showed partial removal of the adenoma. A bromocriptine therapy was performed 7.5 mg per day. A visual acuity was rapidly ameliorated. Two months ago the patient serum level was 46 ng/ml and visual acuity was 6/10 in left eye and 4/10 in right one. With five years follow-up he is good health and his serum prolactin level is stable.