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P0277 - SPINDLE CELL ONCOCYTOMA MIMICKING A GIANT PITUITARY ADENOMA: CASE REPORT

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Resumen

Objectives: Spindle cell oncocytoma is a very rare benign primary tumor of the sellar region, commonly mistaken preoperatively as a non-functional adenoma of the pituitary gland. Nevertheless, to our knowledge, its presentation as a giant tumor in this location has not been previously described in the literature.

Methods: A 63 year-old female was referred to our department complaining of long lasting frontal headache, photophobia and nausea. The physical examination revealed a severe visual impairment along with a III right cranial nerve palsy. Laboratory workup showed decreased levels of growth hormone and gonadotropins. An MRI was ordered in which a 59 × 37 × 32 mm intensely enhancing sellar lesion with suprasellar extension was identified, radiologically diagnosed as pituitary macroadenoma. Due to its highly vascularized MRI appearance, preoperative tumor embolization was attempted, achieving partial reduction in its vascularization.

Results: Endoscopic expanded transsphenoidal transplanum approach was conducted, but only partial resection of the tumor could be accomplished due to persistent and difficult to control intratumoral bleeding that prompted premature procedure end. In spite of intraoperative pathological diagnosis suggesting a pituitary adenoma, final report described a vimentin, EMA, S100, antimitochondrial and TTF-1 positive tumor congruent with the diagnosis of spindle cell oncocytoma.

Conclusions: Spindle cell oncocytoma is a benign tumor that rarely arises at the sellar region. Clinical presentation, laboratory findings and MRI appearance make preoperative diagnosis almost impossible, as it mimics the typical presentation of a non-functioning pituitary adenoma. Nevertheless, suspicion should be raised when a extremely highly vascularized non-aggressive tumour of the sellar region is diagnosed, in order to be prepared for intense bleeding during operative procedure.