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Atypical imaging presentation of a pituitary tumour apoplexy
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We report the case of a 35-year-old men presenting an acute and severe holocranial headache causing awakening from sleep. Patient had no history of migraine, no classical cardiovascular risk factor and no known disease. Headache was followed by vomiting. Patient was admitted in emergency. Neurologic examination showed essentially meningismus. Blood pressure was moderately elevated (135/95 mmHg).

Brain CT showed an intra sellar lesion enlarging the sella turcica. MRI performed exactly 12 hours after the beginning of the symptoms confirmed a voluminous intra- and supra-sellar mass (26 × 27 × 26 mm): on T1WI, the lesion was heterogeneously iso-hypointense and more homogeneously mildly hyperintense on T2- and FLAIR-weighted images. After gadolinium injection, no enhancement was seen within the lesion. The morphology and signal behaviour of this lesion suggested a pituitary macro-adenoma. Still, haemorrhage was difficult to assess. Despite high doses of morphine, headaches remained difficult to control with persistence of meningismus justifying a lumbar puncture that excluded subarachnoid haemorrhage and infection.

Forty-eight hours after the beginning of the symptoms, a second MRI showed a clear modification of the signal within the adenoma that appeared now to be spontaneously hyper-signal on T1-weighted images. On T2 WI, signal was more heterogeneous with more low signal intensity areas. No enhancement was confirmed. These typical MRI features confirmed the clinical suspicion of pituitary tumour apoplexy.

In conclusion, pituitary tumour apoplexy is difficult to assess by a single MRI especially when performed very early and less than 12 hours after the beginning of the symptoms. Our case clearly indicates the need to repeat MRI to adapt the treatment, and especially to treat acute cortisol deficiency that can cause life-threatening hypotension. The rapidly changing aspect of this hemorrhagic lesion is explained by the complex evolution of the signal of haemoglobin on MRI.

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Place des anticorps antihypophysaires dans la prise en charge des pathologies hypophysaires non tumorales de l’adulte
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Le dosage des anticorps antihypophysaires est connu avoir une faible sensibilité et spécificité. Le but de notre travail était d’évaluer l’intérêt du dosage des anticorps antihypophysaires dans l’exploration des pathologies hypophysaires non tumorales de l’adulte.

Sujets et méthodes.– Il s’agit d’une étude prospective concernant 43 cas de pathologies hypophysaires non tumorales au cours desquelles les anticorps antihypophysaires ont été demandés. Il s’agissait d’une insuffisance hypophysaire du post-partum évoquant un syndrome de Sheehan dans 21 cas, d’une insuffisance hypophysaire sans pathologie tumorale à l’IRM hypophysaire dans 15 cas et de polyendocrinopathies auto-immunes dans 7 cas. Tous les patients ont bénéficié du dosage des anticorps antihypophysaires et anti-post-hypophysaires. Il s’agissait de 41 femmes et de 2 hommes, d’âge moyen de 43,5 ± 12,8 ans [18-69]..

Résultats.– Dans le groupe des sujets avec suspicion de syndrome de Sheehan, les anticorps antihypophysaires étaient positifs dans 1 cas (5 %) et les anti-post-hypophyses dans 6 cas (28 %). Dans le groupe avec une insuffisance hypophysaire en dehors d’un contexte de syndrome de Sheehan et de tumeur à l’IRM, les anticorps antihypophysaires étaient positifs dans 2 cas (13 %) et les anti-post-hypophyses dans 1 cas (8 %). Dans le groupe des polyendocrinopathies auto-immunes parmi lesquels une insuffisance hypophysaire a été retenue dans 3 cas, les anticorps antihypophysaires étaient présents dans 1 cas (14 %) et les anti-post-hypophyses dans 3 cas (43 %). Ainsi, le taux de positivité des anticorps antihypophysaire était de 9 % et celui des anticorps anti-post-hypophys de 23 %. Le diabète insipide était présent dans 3 cas et les anti-post-hypophyses étaient négatifs dans ces cas.

Conclusion.– Cette étude révèle un taux de positivité des anticorps anti-post-hypophys plus important que celui des antihypophyses.

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Predictors of morbidity and mortality in acromegaly: A multicentric Italian study
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This study presents epidemiological data of a population of 1512 acromegalic patients who had been diagnosed from 1980 to 2002 and followed-up for more than 10 years, retrospectively collected by 24 Italian tertiary referral centers.

At diagnosis mean age of patients (41% males, 70% macroadenumas) was: 45 ± 13 years, GH: 31 ± 37 mcg/L, IGF-I: 744 ± 318 ng/ml (SDS 8.53, IQR 5.82–12.34).

Diabetes mellitus was reported in 16% of cases, hypertension in 33%. Older age and higher IGF-I but not GH levels at diagnosis were significant predictors of diabetes and hypertension.

The patients were treated by surgery (80%), pharmacotherapy (75%), radiotherapy (18%), radiosurgery (6%) alone or in combination.

The prevalence of neoplastic diseases (all causes) was significantly higher than in the general population. Older patients who had a greater delay of diagnosis and previous radiotherapy were also at higher risk to develop a neoplasm. Diabetes was a significant risk factor for neoplasm in the univariate analysis, only.

At the last follow-up, 65% of patients had a controlled disease, of whom 55% were off medical therapy. Male gender, extrasellar adenoma, higher GH at diagnosis and diabetes were independent predictors of disease persistence. Observed deaths were 61 (SMR 1.13, IC95%: 0.87–1.46), main causes were vascular diseases and malignancies with similar prevalence. Mortality was significantly higher in the patients with persistently active disease (1.93; IC95%: 1.34–2.70).

Older age, higher GH at last follow-up, higher IGF-I at diagnosis, malignancies and radiotherapy were independent predictors of mortality.

In conclusion: basal IGF-I levels are important predictors of morbidity and mortality in acromegaly. The delay of diagnosis increases the risk to develop a neoplasm. The full hormonal control of the disease, nowadays reached in the majority of the patients, reverses the increased mortality.

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