

## **Pituitary apoplexy: a case report**

### **Abstract**

Pituitary apoplexy is defined as acute expansion of a pituitary gland (adenoma or a non-adenomatous tumors are usually present) from infarction or hemorrhage.

This patient presented with sudden severe headache, double vision and syncope followed by an episode of generalized tonic-clonic seizure. There was a postural hypotension, left side surgical third nerve palsy and ipsilateral sensory impairment over V1 and V2 distribution of trigeminal nerve. Radiological studies revealed a pituitary tumor with internal hemorrhage (pituitary apoplexy) causing compression on left side optic chiasma and grade one compression on left cavernous sinus. Dynamic hormonal studies confirmed anterior pituitary failure causing hypothyroidism and adrenal insufficiency.

After initial resuscitation and hormonal replacement, pituitary decompression surgery was planned. She was referred for endocrinology follow up. With adequate hormonal replacement and supportive measures, marked symptomatic and biochemical improvement were observed.

Pituitary apoplexy should be suspected in the setting of a sudden onset of headache, visual field abnormalities, ocular muscle paresis and evidence of pituitary failure. Management depends on the extent of pituitary failure and neurological deficit.

**Key words:** apoplexy, adenoma, pituitary failure