

Abstract

Non-functioning macroadenomas are considered as benign tumours (1-2). They may be discovered incidentally or due to compressive symptoms causing neurological symptoms or symptoms due to pituitary hypofunction. This case describes a 55 year old postmenopausal lady with well controlled diabetes mellitus presenting with headache and bitemporal hemianopia. She had elevated serum prolactin levels above 1,000mIU/L and her magnetic resonance imaging of the brain revealed a pituitary macroadenoma. She underwent trans-sphenoidal resection of the adenoma. As there was evidence of residual tumour postoperatively she was started on Cabergoline and radiotherapy was given. She was started on pituitary hormone replacement treatment. This case highlights the importance of early diagnosis, management and close follow up of pituitary macroadenomas.