

Abstract:

This case report presents the unique case of a 42-year-old male patient with an 18-month history of diabetes and a remote history of craniotomy due to a road traffic accident, who presented with acute pituitary apoplexy. Despite the rarity of this condition, prompt recognition, multidisciplinary management, and careful observation led to the patient's successful recovery and discharge under the care of endocrinology and neurology specialists.

Introduction:

Pituitary apoplexy, a rare clinical syndrome secondary to abrupt hemorrhage or infarction, complicates 2%–12% of pituitary adenomas, especially nonfunctioning tumors. (1) Headache of sudden and severe onset is the main symptom, sometimes associated with visual disturbances or ocular palsy. Signs of meningeal irritation or altered consciousness may complicate the diagnosis (1) The case of this middle-aged male patient is remarkable due to the coexistence of diabetes and a remote craniotomy in his medical history. This case underlines the need for a comprehensive understanding of pituitary apoplexy and its management.