

Summery

A 49 years old lady previously diagnosed with Diabetes mellitus for two years presented with headache for 7 months worsening over 5 days associated with right lower limb numbness, generalized lack of energy, malaise, anorexia and vomiting. On examination she was ill looking and dehydrated. There was objective numbness on right lower limb with no weakness. Cardiovascular examination was unremarkable except a sinus tachycardia and marginally maintained mean arterial pressure. Respiratory and abdominal examination was unremarkable. Imaging studies confirmed the presence of a Pituitary Macroadenoma complicated with acute haemorrhage in to tumour. Biochemical investigations confirmed panhypopituitarism leading to central hypothyroidism, Addisonian crisis & hypogonadism. Following initial stabilization & commencement of hormonal replacement resection was carried out through transsphenoidal approach. This was followed by observation at ICU, a ward stay during which appropriate hormonal replacement was continued with biochemical monitoring. Following the period of in hospital care which was uneventful patient was discharged with long term hormonal replacement and clinic follow up. Subsequent clinic follow-up visits showed the patient to be in adequate hormone replacement treatment clinically and biochemically.