Abstract

Empty Sella syndrome (ESS) is an entity of partially or completely filled sella turcica with cerebral spinal fluid with displacement of the normal pituitary gland. Even though primary ESS is considered as neuroanatomical and neuroradiological entity with no endocrine implication, very rarely patients can present with symptomatic panhypopitutarism, visual field defect or diabetes insipidus.

The treatment of symptomatic panhypopitutarism includes replacement of cortisol followed by replacement of thyroxin, estrogen and progesterone in females.

Glucocorticoid replacement in a patient with adrenal insufficiency concomitant with central diabetes insipidus (CDI) will reveal masked CDI rapidly. New onset polyuria following corticosteroid replacement may represent unmasking coexisting central diabetes insipidus.

Here we present a forty-two years old Sri Lankan female presenting with symptomatic panhypopitutarism as a rare manifestation of primary empty sella syndrome with subsequent unmasking of concomitant CDI.

In conclusion primary ESS is a rare entity which can be presented as symptomatic pan hypopituitarism as a rare occurrence, needing replacement therapy. New onset polyuria after initiating steroids should raise the suspicion of unmasking concomitant central diabetes insipidus. Oral prednisolone therapy as the mode of glucocorticoid replacement in secondary adrenal insufficiency needs to be considered with the back ground of low economic status in Sri Lanka with current evidence of failure to show superiority of hydrocortisone over prednisolone therapy.