PITUITARY

PP-P-01

MISLEADING DIAGNOSIS OF SECONDARY ADRENAL INSUFFICIENCY IN A THAI PATIENT WITH RATHKE'S CLEFT CYST: A DIAGNOSTIC CHALLENGE IN PITUITARY INCIDENTALOMA

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CASE
Rathke's cleft cysts (RCCs) are common sellar/suprasellar tumors with variable clinical presentations. We report a 56-year-old Thai male who initially received an incorrect diagnosis of secondary adrenal insufficiency despite presenting with weight loss and low basal serum cortisol.

The patient complained of 8 kg weight loss, insomnia, and decreased sexual desire. Morning cortisol was 3.7 μg/dL. The patient had a prior diagnosis of adrenal insufficiency. At our hospital, serum cortisol was 3.0 μg/dL., ACTH was 10.3 pg/mL and other pituitary hormones were normal. The pituitary MRI revealed a small pituitary lesion consistent with Rathke's cleft cyst. ACTH stimulation test confirmed normal adrenal function.

Psychological treatment for insomnia was initiated, and the patient improved without steroids. Follow-up tests remained unremarkable.

It is crucial to conduct thorough clinical assessments and hormonal tests to avoid erroneous diagnoses of symptomatic Rathke's cleft cysts in patients with reduced basal cortisol levels.

KEYWORDS
secondary adrenal insufficiency, Rathke's cleft cyst, insomnia, stress, pituitary mass

PP-P-02

SHEEHAN SYNDROME MANIFESTING AS MIXED ADRENAL AND MYXEDEMA CRISIS: A RARE CASE

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CASE
Sheehan syndrome rarely arises as a complication of postpartum hemorrhage with the advancement in obstetric management. We present a 36-year-old Indonesian female with shock, bradycardia, refractory hypoglycemia, a and 3-day history of fever, productive cough, and vomiting. She had a puffy face and a muffled heart sound. With a history of massive postpartum bleeding 1 year ago and amenorrhea since then, she was presumed to have hypopituitarism manifesting as adrenal and myxedema crisis precipitated by infection. Additional examination showed anemia, hyponatremia, and decreased levels of TSH, prolactin, LH, FSH, cortisol, estradiol, and progesterone. Her pituitary MRI showed a marked decrease in the gland size. The condition of the patient improved with proper management of infection and prompt hormone replacement. This case emphasizes the need for awareness about Sheehan syndrome which could potentially result in a grave prognosis with delayed management, especially among physicians working in developing countries with limited healthcare facilities.

KEYWORDS
Sheehan syndrome, hypopituitarism, adrenal crisis, myxedema crisis