PP-P-03

THE CLUE IS IN THE THYROID FUNCTION TEST

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Chin Voon Tong
Malacca General Hospital, Malaysia

CASE
Less than 50 cases of primary pituitary lymphoma (PPL) have been reported in the literature. We present a 52-year-old Malaysian male who was diagnosed with PPL after being investigated for four years. Our patient presented with alternating third and sixth nerve palsies. Initial CT of the brain was normal. His thyroid function tests then showed low free T4 of 6.9 pmol/l (11.5-22.7) and low TSH of 0.08 miu/l (0.55-4.78). Further anterior pituitary assessment showed low cortisol and central hypogonadism. A large homogenous infiltrative lesion in the sella, measuring 5.1 x 3.3 x 3.4 cm was found on pituitary MRI. He underwent debulking of the tumor. Histopathology examination revealed a diagnosis of non-Hodgkin's lymphoma. He subsequently underwent chemotherapy followed by radical whole-brain radiotherapy. Low Free T4 and TSH in the setting of multiple cranial nerve palsies is an important clue to suspect a pituitary lesion.

KEYWORDS
primary pituitary lymphoma, central hypothyroidism

PP-P-04

TUMOR MIMIC: A RARE CASE OF PITUITARY ADENOMA MANIFESTING AS CENTRAL DIABETES INSIPIDUS

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Joebeth Tabora and Patrick Siy
Cardinal Santos Medical Center, San Juan, Philippines

CASE
Central diabetes insipidus is a common complication following transsphenoidal surgery for pituitary adenomas, but CDI as an initial presentation in pituitary adenomas is extremely rare. We report a 67-year-old Filipino male with pituitary macroadenoma presenting as central diabetes insipidus, manifesting with a two-month history of severe frontotemporal headache, increased thirst, and polyuria managed with desmopressin followed by transsphenoidal surgery. Three months postoperatively, the thyroid and adrenocorticotropic axis remained intact, and pituitary bright spot recovery was observed. He was clinically stable; hence desmopressin was gradually tapered and discontinued.

Treatment options for preoperative CDI may include surgical or medical management, with some cases reported as self-limiting. More clinical studies are needed to understand the course of this condition entirely. This case highlights a unique presentation of central diabetes insipidus in a pituitary macroadenoma and the possibility of complete resolution of symptoms post-transsphenoidal surgery.

KEYWORDS
preoperative, pituitary adenoma, central diabetes insipidus

PP-P-05

ECTOPIC ACTH-PRODUCING THYMIC NEUROENDOCRINE TUMOR MASQUERADING AS PITUITARY CUSHING'S DISEASE

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Vanusha Devaraja Pillai, Gayathri Devi Krishnan, Subashini Rajoo, Mohammad Badrulnizam Long Bidin
Hospital Kuala Lumpur, Malaysia

CASE
Ectopic adrenocorticotrophic hormone (ACTH) syndrome is a challenging diagnosis. It is responsible for 10-20% of Cushing's syndrome. We describe a 23-year-old Malaysian male who presented with Cushingoid features and severe hypokalaemia. Based on biochemical and radiological findings, he was initially diagnosed with pituitary Cushing's disease and underwent pituitary adenomectomy. However, plasma ACTH level and serum cortisol were persistently raised postoperatively. The histopathological examination of the pituitary lesion revealed pituitary hyperplasia with negative ACTH staining.

Further evaluation disclosed a sizeable mediastinal mass proven to be a carcinoid tumor. He achieved hypocortisolism after excision of the mediastinal mass with improved clinical parameters. This case prompts us to have a high index of suspicion for ectopic ACTH syndrome in cases of florid Cushing's with stark biochemical parameters such as severe hypokalaemia and metabolic alkalosis.

KEYWORDS
ectopic ACTH, carcinoid tumor, Cushing's syndrome, pituitary hyperplasia