PP-P-06

AN UNUSUAL CASE OF INVASIVE TSH-SECRETING PITUITARY MACROADENOMA IN REMISSION AFTER SURGERY

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CASE
TSHomas are often large and invasive. Adjunctive therapy is usually required post-surgery. A 36-year-old Chinese Singaporean male presented with thyrotoxic symptoms. He had elevated FT4 of 36.24 pmol/L (10-20), and normal TSH of 1.70 mIU/L (0.4-4.0), consistent in different laboratories. SHBG was elevated at 81.7 nmol/L (15-50). Alpha-subunit was elevated at 3.9 ng/ml ((<0.5); molar ratio to TSH was 15.5. MRI showed a 2.3 x 1.7 x 1.9 cm pituitary mass with suprasellar extension, bowing of optic chiasm, and abutting of bilateral carotid arteries. Other pituitary hormones and visual fields were normal. He underwent trans-sphenoidal surgery. Histology confirmed thyrotroph adenoma. The symptoms resolved promptly. FT4 normalised within 1 week. Initially suppressed TSH normalised 1.5 years post-surgery. MRI 1 year later showed 0.3x0.9x0.7cm pituitary mass. He is now in remission 13 years post-surgery without adjunctive therapy. Though uncommon, invasive macro-TSHomas may be cured with surgery. Patients should be counseled appropriately.

KEYWORD
TSHoma

PP-P-07

DIFFUSE LARGE B-CELL LYMPHOMA PRESENTING WITH DIABETES INSIPIDUS: A RARE CASE WITH CHALLENGES IN DIAGNOSIS AND MANAGEMENT

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CASE
Diffuse large B-cell lymphoma that initially presents as a hypothalamic-pituitary axis disorder is rare. A 55-year-old female presented to a community hospital with hyponatremia. Morning cortisol level was 5.34 mcg/dL hence, she was prescribed prednisolone. Her level of consciousness subsequently declined prompting referral to our hospital. She was diagnosed to have central diabetes insipidus and hypothyroidism. Her brain MRI showed a contrast-enhancing lesion with restricted diffusion involving the optic tracts, hypothalamus, internal capsules, and midbrain. Vasogenic edema was also noted. Other lesions were seen at the parietal, subcortical white matter, and periventricular region, suggestive of lymphoma. A whole-body CT scan and bone marrow biopsy did not show extracranial involvement. Stereotactic brain biopsy demonstrated diffuse large B-cell lymphoma. The patient eventually completed a course of cranial radiotherapy. Her neurologic condition eventually improved. Three months after the diagnosis, while waiting for chemotherapy, she developed liver failure and septicemia. Abdominal CT showed possible liver metastases.

KEYWORDS
diabetes insipidus, diffuse large B-cell lymphoma, hypothalamus

PP-P-08

VISUAL COMPROMISE IN PREGNANCY: AN UNPRECEDENTED CASE OF NON-FUNCTIONING PITUITARY MACROADENOMA

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CASE
Non-functioning pituitary macroadenoma (NFPA) diagnosed during pregnancy is extremely rare. A 24-year-old Malaysian female presented at 20 weeks age of gestation with bilateral blurring of vision. She had bitemporal hemianopia with no Cushing's or acromegalic features. She had intact anterior pituitary hormones and normal prolactin. Brain imaging revealed a pituitary macroadenoma (3 x 2 cm) with optic chiasm compression without evidence of apoplexy or cavernous sinus involvement. She was commenced on cabergoline to reduce the tumour size. Despite this, she developed progressively worsening vision. She underwent an emergency caesarean section and delivered a baby boy prematurely. Subsequently, she had transsphenoidal surgery 2 weeks post-delivery. Histopathology confirmed pituitary adenoma. Post-operatively, there was complete resolution of bitemporal hemianopia, with no residual tumour on imaging and she remained eupituitary. We present a unique case of visual compromise from an enlarging NFPA during pregnancy with complete resolution of symptoms post-resection.

KEYWORDS
non-functioning pituitary macroadenoma, pregnancy, complete resolution