PP-13

Pituitary Metastasis: Central Diabetes Insipidus Unmasked by Corticosteroids – Case Series and Review of Literature

https://doi.org/10.15605/jafes.034.S25

Shree Vidhya N, Tan JK, Raja Nurazni RA, Masni M
Hospital Putrajaya, Malaysia

INTRODUCTION

Metastasis to the pituitary is rare and is most common amongst the elderly population with advanced malignancy. An estimated 1% of pituitary tumours resected are metastatic. Primary sites that frequently metastasize include breast and lung carcinomas. Advancement with multiple modalities of therapy has led to prolonged survival of patients with advanced malignancy. Herein, we present three cases and review of literature of pituitary metastases presenting as central diabetes insipidus (CDI) incidentally unmasked following administration of corticosteroids.

CASE

Three cases of CDI in pituitary metastases were presented. A total of 9 cases published from 2007-2018 were reviewed. Search resulted in 161 articles, ultimately, 18 pertinent references relevant to this research. The objective; establish common clinical features, presentation variations and natural progression of disease.

Nine reported cases of CDI unmasked by corticosteroids from 2007 to 2017 along with the present 3 cases were reviewed. There was equal gender prevalence with a mean age of 61 years old. More than 75% of cases described had previously been diagnosed with advanced malignancies. The remaining 25% presented with varying symptoms of hypopituitarism as harbinger to discovery of the primary neoplasm. Amongst cases presented, primary malignancies with pituitary metastases included lung adenocarcinoma (33%), breast carcinoma (25%), nasopharyngeal carcinoma (16%), renal cell carcinoma (8%), hepatocellular carcinoma (8%) and gastric adenocarcinoma (8%). It is noteworthy that two of the three presented cases were the result of direct infiltration of nasopharyngeal carcinoma to the pituitary. There is limited data documenting the prevalence of nasopharyngeal carcinoma with pituitary metastasis within the Asian population.

CONCLUSION

CDI unmasked by corticosteroids is less recognized, potentially lethal but fully reversible complication of pituitary metastasis. Symptoms or signs of CDI should be sought in all patients with advanced malignancies presenting with polyuria and hypernatremia. Prompt restoration of pituitary hormones is warranted to allow timely restoration of hormonal balance and preventing endocrine emergencies.

PP-14

Adrenal Histoplasmosis and Bilateral Adrenal Enlargement: A Case Series in PPUKM

https://doi.org/10.15605/jafes.034.S26

Waye Hann K,[1] Norasyikin AW,[2] Nor Azmi K[2]
[1]*University Tunku Abdul Rahman, Malaysia*
[2]*Pusat Perubatan Universiti Kebangsaan Malaysia*

INTRODUCTION

Histoplasmosis is an opportunistic systemic mycosis caused by the endemic dimorphic fungi H. capsulatum. Adrenal histoplasmosis can occur as a sequela of disseminated histoplasmosis especially in immunosuppressed individuals, presenting as unilateral or bilateral adrenal enlargement with constitutional symptoms and/or adrenal insufficiency. Often these patients are initially investigated as malignancies with secondary adrenal metastases before eventually having their diagnosis established by histopathological examination (HPE) of the adrenal tissues.

METHODOLOGY

This is a retrospective study of 4 cases presented as bilateral adrenal masses and later diagnosed with adrenal histoplasmosis by HPE in Pusat Perubatan Universiti Kebangsaan Malaysia from 2008-2018.

RESULTS

Four patients were diagnosed with adrenal histoplasmosis and all of them were Malay men (mean age 68.8 years). Two were retired army officers, while 1 was a retired agricultural officer. One patient had no occupational exposure but has exposure to bat guano in his residence. One had diabetes, while another had chronic kidney disease due to long-standing hypertension. None of them were HIV positive. The most common presentation was constitutional symptoms (75%) while two presented as Addisonian crisis. All of them had bilateral enlarged adrenals on abdominal CT with the largest dimension ranging from 3.0-7.3 cm. All of them were diagnosed on HPE by the presence of small ovoid yeast-like organisms identified in Periodic-Acid-Schiff (PAS) and Gomori Methenamine-Silver (GMS) stains in the adrenal necrotic tissue with granulomatous inflammation. Three of them received anti-fungal treatment for at least 1-year duration but 1 had residual primary adrenal insufficiency requiring steroid replacement.

CONCLUSION

The diagnosis of adrenal histoplasmosis should be ruled out in all patients with bilateral adrenal enlargement by HPE as the prognosis is good with early treatment. However, these patients will require life-long corticosteroid replacement as the adrenal insufficiency did not improve despite completing the treatment.