Case Report

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An Unusual Presentation of Pituitary Macro Adenoma as Altered Sensorium

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Abstract

Pitutary macroadenoma and microadenoma has their own clinical presentations. These conditions are not very common and they may present with varied symptoms to the ED. There are instances when these conditions are incidentally detected by emergency radiological investigations. However in most of the instances the patient may present with vague complaints like dizziness and headache and in some rare instances the patient may present with poor GCS. The cause may be attributed to the raised ICP due to growing adenoma or sometimes due to other effects.

Keywords: Macroadenoma; Headache; Altered Sensorium; Disorientation.

Case Report

Pt brought to Emergency Department with complaints of disorientation since 3 days, h/o tubercular lesion on right foot for which he was taken to other hospital on 2 days ago and was started ATT. Patient came with indwelling foleys catheter.

MRI Brain was done and shows: Pituitary macroadenoma with periventricular ischemic changes with senile cerebral and cerebellar atrophy.

FNAC report of right foot lesion:- Tubercular lesion on right foot, revealed acid fast bacilli. Blood.

WBC- 8.43,

Blood urea: 47

Albumin/Globulin Ratio: 1.14.

Cholesterol: 202,

ALP: 315,

Phosphorus: 1.90.

h/o Pituitary Macroadenoma,Tubercular lesion on right foot, HTN, CKD, BPH.

On Examination

General examination: wnl ,Pupils: NSNR.

Systemic examination: extremities:swelling over dorsal aspect of right foot measuring 3 cmx1.5 cmx1 cm.

Neurological examination: disoriented but following commands,moving all four limbs spontaneously.

NCCT BRAIN showed evidence of b/l ventriculomegaly

Xray right wrist: shows scaphoid lunate disposition.

CXR: Left sided pleural effusion

Xray left foot joint: reduced density of the foot bones.

The patient was admitted in Neurosurgery ICU with above mention complaints and was managed conservatively with analgesics and electrolytes correction. An Orthoconsult for tubercle tenosynovitis in right lower limb was taken for globular swelling dorsum right foot soft non tender movable,who diagnosed him with tubercular mass right foot and an aspiration right foot ganglion with 2ml Depomedrol infilteration under L.A. with pressure

bandage was done .The tubercular mass drain was sterile on microbiology examination.

A Nephrology consult was taken and USG KUB was done which was suggestive of small size rt. side kidney with increased cortical echogenicity,? ckd, nonvisualised left kidney, lateral abdominal wall hernia on the left side.

ATT was started. A Psychiatrist consult diagnosed him with (secondary) organic depression.A gastroenterologist consult was taken for derranged LFT.

EEG done was evident of generalized slowing with Theta wave, suggestive of encephalopathy pattern. A lumbar puncture was done which showed raised protein in CSF, the CSF culture came out to be sterile.

Another lumber puncture was done which showed decrease in protein levels as compared with the previous report.Patients sensorium improved after lumber puncture(gcs:e4v2m5,pupils :b/l nsnr, power b/l arms :5/5,b/l legs:4/5).

A urine r/m showed evidence of RBC in urine and budding yeast present with pseudohyphae.

A consult with pulmonologist was taken for conducting sound of upper airway and raised TLC:32.3 and VRE growth on tracheal secretions. Patient was started on inj.Fluconazole 200 mg and adjust antibiotics according to sensitivity.

An internal medicine consult was taken for persistent raised TLC and procalcitonin who advised to repeat blood culture, peripheral blood smear for toxic granules, which came out to be negative for any organism growth. The patients sensorium was improved (gcs:e4v5m6) with stable vitals, so he was shifted to ward.

During the course of his stay in the hospital intensive physiotherapy was provided.He was taking feeds normally and as well as oriented with time,place and person.His power in extremities also improved and has started mobilizing on wheelchair.

At the time of discharge he was oriented and taking feed normally,self voiding with no fresh complaints. So was advised some medications and to continue physiotherapy with hypertensive diet.on discharge his PSA:3.61NG/ML,cortisol:4. 31UG/DL, FT3:1.39, FT4:0.16, TSH:0.15.

Discussion

Pituitary macroadenoma although not common but it should be in one of the differential diagnosis in a patient with altered sensorium.. The range of clinical findings supported by the radiological investigation will aid in making and confirming the diagnosis. However the general management remains the same for signs of raised ICP or if the patient presents with Seizure. The A B C of emergency management focuses on the patient as a whole and should be diligently used for stabilizing the patient.

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