Letter to the Editor

To the Editor:

The article by Bitton et al., entitled "The course of lymphocytic hypophysitis" (Surgical Neurol 1991;36:40–3) further substantiates the observation that not all cases of lymphocytic hypophysitis inevitably lead to permanent hypopituitarism.

The authors are inaccurate, however, in stating that only 24 cases have been reported in the medical literature, as 43 cases were documented in the literature while they were writing their manuscript [8]. Including their report, there are now 55 cases, of which ten were diagnosed during pregnancy [1–10]. Furthermore, only three cases have been diagnosed in males. The intensity of the inflammatory process on pathological study suggests that the spectrum of the disease process varies significantly. As with other autoimmune diseases, especially of the endocrine glands, an 18-month follow-up may be insufficient to truly delineate the course of the disease. Undoubtedly, some cases of lymphocytic hypophysitis have a fulminating course, with resultant pituitary atrophy and insufficiency, whereas other cases are considerably less aggressive and may even be asymptomatic. At the present time, however, no predictive factors regarding the chronological course of the disease have been identified.

Immunological studies of this inflammatory infiltrate have demonstrated a significantly increased population of helper–inducer CD-4 positive lymphocytes exceeding the population of the cytotoxic–suppressor CD-8 positive cells by almost two to one [3,5]. In the cases that we have studied, however, a preponderance of the cytotoxic–suppressor CD-8 cells, with less extensive staining of the helper–inducer CD-4 cells, was observed [8]. The variation in these observations may simply imply that the tissues studied were biopsied at two different intervals during the clinical course of the disease, the first being biopsied earlier and the second being a late-phase biopsy. The involvement (if any) of cytokines, such as the interleukins 1 and 6, as well as the role of the folliculostellate cells, have yet to be defined in this disease. Advances in understanding the pathophysiology of this autoimmune process will probably require the study of fresh tissue removed at the time of surgery, as well as flash-frozen specimens. These immunological studies are to be highly encouraged to clarify further the nature of this entity.

Andrew D. Parent
Jackson, Mississippi

References