Lymphocytic hypophysitis case who developed empty sella to follow up

Sebila Dokmetas¹,²,³,⁴, Fatih Kiliçli¹,²,³,⁴, Meryem Timucin¹,²,³,⁴ & Fettah Acibucu¹,²,³,⁴

¹Department of Endocrinology, Faculty of Medicine, Cumhuriyet University, Sivas, Turkey; ²Department of Endocrinology, Faculty of Medicine, Cumhuriyet University, Sivas, Turkey; ³Department of Internal Medicine, Faculty of Medicine, Cumhuriyet University, Sivas, Turkey; ⁴Department of Internal Medicine, Faculty of Medicine, Cumhuriyet University, Sivas, Turkey.

Lymphocytic hypophysitis (LH), an uncommon pituitary disorder that is considered an autoimmune disease. The disease shows a striking female predilection of ~9:1 and commonly affects young women during late pregnancy or in the postpartum period. Less frequently, it has also been observed in men and postmenopausal woman. Partial or total hypopituitarism can be in LH. In the early stage, the pituitary gland is enlarged like a pituitary tumor, from which it cannot be distinguished on magnetic resonance imaging (MRI) scanning. Spontaneous resolution of both the mass and the hypopituitarism may be possible. In the later stages, the gland may atrophy, leaving an empty sella, as occurs in Sheehan’s syndrome. A 53-year-old postmenopausal woman had image mimic adenoma on pituitary MRI and total pituitary insufficiency. Biopsy was offered the patient but she declined this procedure. Total pituitary deficiency was observed in dynamic tests of patient and L-thyroxin 100 mg/d and prednisolon 5 mg/d was started. She stopped treatment herself after 2 months. She did not come to control for 5 years. Five years later, in dynamic tests of patient was observed that there is a recovery for hypocortisolism without treatment and MRI imaging adenoma was disappeared and empty cella has developed.