A case of lymphocytic panhypophysitis

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A 44-year-old man with 6 months history of headache, fatigue, depressive mood, anorexia, impotence, decreased libido, poliuria and polydypsia. The results of the physical examination were normal, except the patient had nodular guatr. Baseline hormonal investigations and dynamic tests showed panhypopituitarism and partial central diabetes insipidus. Magnetic resonance imaging (MRI) of the pituitary gland showed enlarged pituitary gland and a marked thickening (4.5 mm) of the infundibulum, loss of the hyperintense signal over the neurohypophysis, also 8 mm adenoma in the center of adenohypophysis which was lower contrast enhancement than paracyma were positive. Visual field and MRI of brain were normal. During lumbar puncture, intracranial pressure, CSF examination were normal. Neurosarcoidosis of hypophysis was excluded by the normal ACE levels in serum and CSF samples, lack of systemic symptoms and signs of sarcoidosis. Systemic autoantibodies and tumour markers were negative. Oral corticosteroid replacement therapy with 7.5 mg prednisolone, desmopressin nasal sprey 10 μg was started, after 1 week 25 μg L-tyroxine was added to glucocorticoid treatment 1 month after replacement therapy, he was well with normal thyroid hormone levels and without any sign or symptom of secondary adrenal failure. During his third month visit, MRI of the pituitary gland demonstrated that partial decrease of infundibulum thickness (3 mm) and pituitary and adenoma volumes, marked improvement of previous clinical symptoms. All findings and follow up datas in our male case showed that panhypopituitarism and diabetes insipidus related with lymphocytic panhypophysitis and pseudotumour appearance. Our patient improved clinically and radiologically after only replacement dose of steroid.

Lymphocytic hypophysitis is a rare disorder and has a female predominance with female to male ratio of ~8.1. It can rarely a psuedotumour which mimicks pituitary adenom as or accompany by pituitary adenoma. A few cases of lymphocytic hypophysitis have been reported in men on literature. We present this case to state rarity of lymphocytic panhypophysitis and pseudotumour in a man.