A Case of Pituitary Apoplexy in Third Trimester of Pregnancy

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I. Summary:-


Learning Points:
A Multidisciplinary Treatment Modality Can Minimize Morbidity And Mortality.
There Are No Clear Guidelines On The Management Of Pituitary In Iiird Trimester
Pituitary Apoplexy Has An Unpredictable Course
Presence /Absence Of Neurologic Signs Determines Need For Early Surgery.

II. Background:-

Pituitary Apoplexy Is A Life Threatening Event If Not Recognised Early.
Pituitary Apoplexy Results From Haemorrhagic Infarction Of A Preexisting Pituitary Adenoma Or Within A Physiologically Enlarged Gland.
Rapid Growth Of Pituitary Tumour In Pregnancy Is Well Seen
Pituitary Apoplexy Is Rare In Pregnancy
Our Case Report Describes A Woman Who Presented With Pituitary Apoplexy In Iiird Trimester

III. Case Presentation:-

This 34 Year Female Presented With Headache For Last 14 Days, Sudden Onset Visual Disturbance, At 33 Week Of Pregnancy. She Consulted Her Neurophysician. Urgent Mri Was Done With Hormonal Assessment And Neurosurgical Review Was Done. Her Hormonal Assessment Revealed Raised Cortisol Level (659nmol/L- Normal Reference Range-171-536)) And Raised Prolactin >470ng/Ml- Normal Reference Range-6.0-29.9)), Raising The Possibility Of A Prolactinomawith Chiasmal Compression.
Investigation: MRI demonstrated a homogenous enhancing, figure of 8 shaped, sellar-suprasellar mass 14.0x21.0x17.5 mm iso on T1, mildly hyper on T2. On T1 post contrast, moderate enhancement with features of mild haemorrhagic changes. Mild compression on optic chiasm and left optic nerve. Bilateral internal carotid artery is lateral displaced. On right side, lesion is encasing the right ICA internal carotid artery circumferentially and extending into right cavernous sinus.

On examination, bilateral vision was decreased with left more decreased than right (4 feet finger counting), right medial rotation of eyeball decreased, right ptosis and anisocoria (3rd nerve palsy).

IV. Treatment
Preoperatively intravenous beclomethasone for lung maturation of foetus was given with uterine relaxant. Patient was taken up for sublabial trans sphenoidal pituitary tumour decompression under general anaesthesia.
Intra-operatively, foetal heart rate decreased, thus emergency caesarean section was performed, and one live foetus was delivered.

Outcome and follow up:-
Post-operatively, patient was gradually weaned off from ventilator.
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Post Op Ct Scan                       Post-Op Ct Scan                       Intra Op C-Arm Image


(Histopathology From Transsphenoidal Resection Of Pituitary Adenoma Complicated By Intratumoral Bleed. :- Low Power: Prolactinoma With Evidence Of Haemorrhage)
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At 1 Month Of Surgery, Both Mother And Baby Are Living A Healthy Life With No Neurological Deficit

Post-Operative MRI Scan - Changes Are Seen In Sphenoid Sinuses At T2w/Flair Mixed Signal Intensities. Well-Defined Sellar Lesion Of Size 10.2, 15.2, 15.6 Mm Is Seen. It Is Seen As Iso Intense Signals On T2w/T1w Images. No Compression On Optic Chiasm And Internal Carotid Arteries Is Seen. (MRI - 1 Month After Surgery)

V. Discussion:

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Patient Early Decompression Is Safe Even In Late Third Trimester Preserving Vision And Anterior Pituitary And Foetus.

Declaration of Interest:-
The Author S Declares That There Is No Conflict Of Interest That Could Be Perceived As Prejudicing The Impartiality Of The Research Reported.

VI. Finding
This Research Did Not Receive Any Grant From Any Funding Agency In The Public, Commercial, Or Not For Profit Sector.

Patient Consent:-
Written Informed Consent From The Patient

[Handwritten Note]

We can agree on
No problem/objection in the publication of our case report
in case journal media publication
and the publication of our case report in case journal
in any where in the world.

we are satisfied with the treatment

Author Contribution Statement:-
Dr. Pawan Garg Was Responsible For Drafting And Revision Of The Manuscript.

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References
