

Images in clinical medicine



Pituitary tuberculosis: a diagnosis not to be ignored

Mohcine Salami, Brahim El Mostarchid

Corresponding author: Mohcine Salami, Department of Neurosurgery, Mohammed V Military Teaching Hospital, University of Mohammed V Rabat, Rabat, Morocco. mohcinesalami2010@gmail.com

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Pituitary tuberculosis: a diagnosis not to be ignored

Mohcine Salami^{1,&}, Brahim El Mostarchid¹

¹Department of Neurosurgery, Mohammed V Military Teaching Hospital, University of Mohammed V Rabat, Rabat, Morocco

&Corresponding author

Mohcine Salami, Department of Neurosurgery, Mohammed V Military Teaching Hospital, University of Mohammed V Rabat, Rabat, Morocco

Image in medicine

The first description of pituitary abscess dates back to 1914, for ten cases listed in the literature. Despite its rarity, tuberculosis pituitary abscess must be evoked in the face of a clinical picture of intracranial hypertension, pituitary hormonal dysregulation and an infectious context and the notion of tuberculosis contagion, the diagnosis is confirmed by the anatomo-pathological study. Pituitary MRI shows a process occupying the sellar compartment with heterogeneous hypersignal in T2 and isosignal in T1, enhanced in T1, enhanced in the periphery. Filling of the optochiasmatic cistern. The physiological hypersignal of the post-physiological pituitary cannot be individualized. The most common medications used to treat tuberculosis if early diagnosis without visual repercussions if not associated surgery via the transsphenoidal approach.

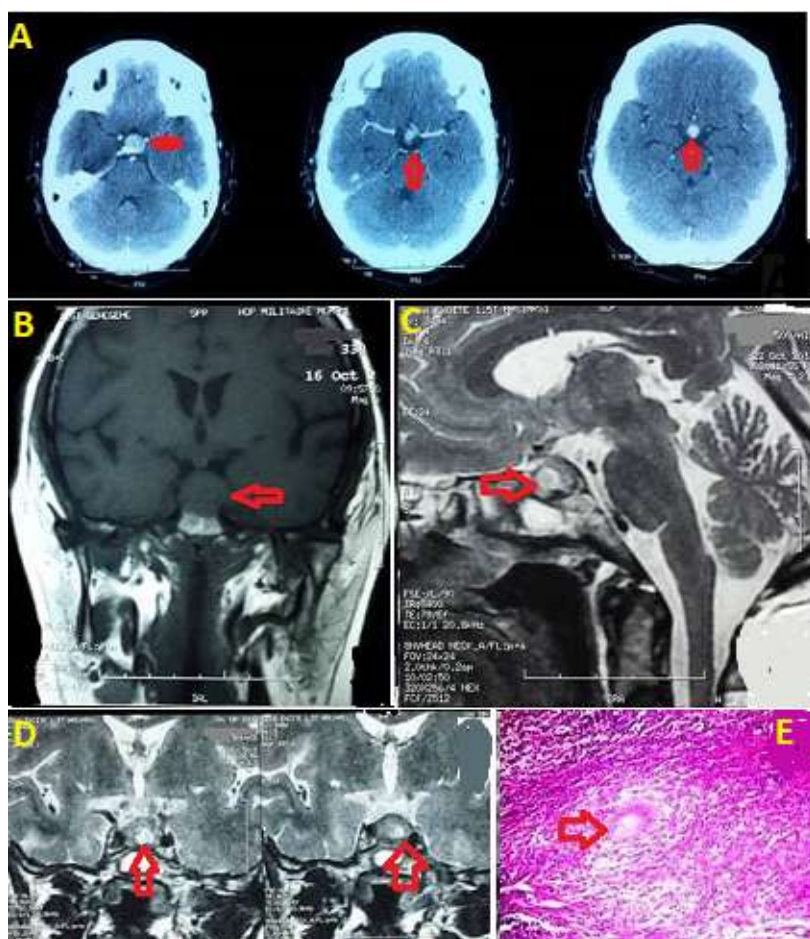


Figure 1: pituitary CT scan in injected axial section showing a sellar lesion taking the contrast (A), pituitary MRI in frontal section sequence T1 (B), sagittal section sequence T2 (C), frontal section sequence T2 (D) showing a pituitary abscess. anatomo-pathological study showing gigantocellular epithelioma (E)