

Aspergillus pituitary abscess

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Abstract

BACKGROUND:

Pituitary abscess is rare and most of the cases are of bacterial origin. True fungal pituitary abscess is extremely rare only five cases have been reported. In this report, we present a case of aspergillus pituitary abscess. Mortality rate in intracranial aspergillosis is close to 100% especially in immunosuppressed patients when undiagnosed and untreated. In focal CNS aspergillosis total cure can be achieved in approximately 30% of the cases by surgical drainage and intensive antifungal therapy. Although this is the first reported case with magnetic resonance imaging examination the definitive diagnosis was established only by histopathological examination.

CLINICAL PRESENTATION:

A 42 year-old man was referred to our hospital with the diagnosis of sellar suprasellar mass accompanied by frontal headache and decreased visual acuity. His medical history was insignificant. Physical examination was normal and the patient was afebrile. The neurological examination revealed bilateral papilledema and bitemporal hemianopsia but no stiff neck and motor or sensory deficit. In the light of MRI examination, the preoperative diagnosis was pituitary abscess secondary to paranasal sinus infection or hemorrhagic pituitary adenoma.

INTERVENTION:

The patient was successfully treated by transsphenoidal surgery. Histopathological examination of sphenoid sinus mucosa revealed normal mucosal appearance with inflammation and histopathological examination of the intrasellar mass resulted in the diagnosis of aspergillosis. All cultures obtained from sphenoid sinus were reported as having no growth. However in the second week after the operation fungal culture of the intrasellar mass grew aspergillus. After 8 weeks of amphotericin-B treatment, the patient was discharged. At the last follow up examination two years after the operation, the patient was symptom free with normal pituitary function.

CONCLUSION:

Aspergillus pituitary abscess should be considered in the differential diagnosis of a pituitary mass. The correct diagnosis of pituitary aspergillosis can only be achieved by histopathological examination because clinical and radiological findings including MRI are not specific and culture results are obtained later. Immediately after the diagnosis, intensive antifungal therapy should be started for a successful treatment.

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