

CASE 1: UNCOMMON EVOLUTION OF HYPOPITUITARISM AFTER PROLACTINOMA APOPLEXY

Dr. Dan Niculescu

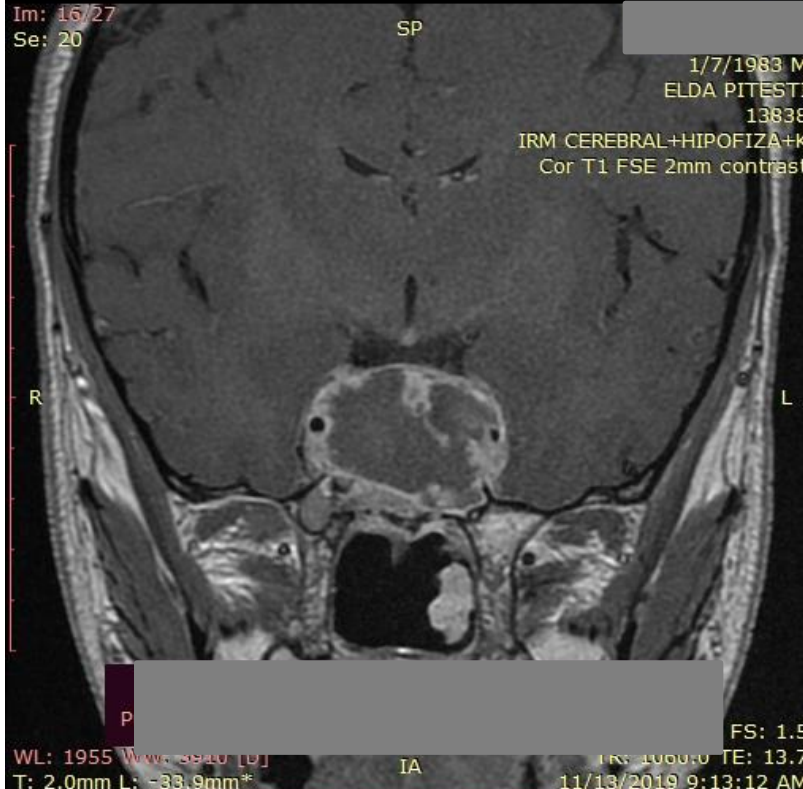
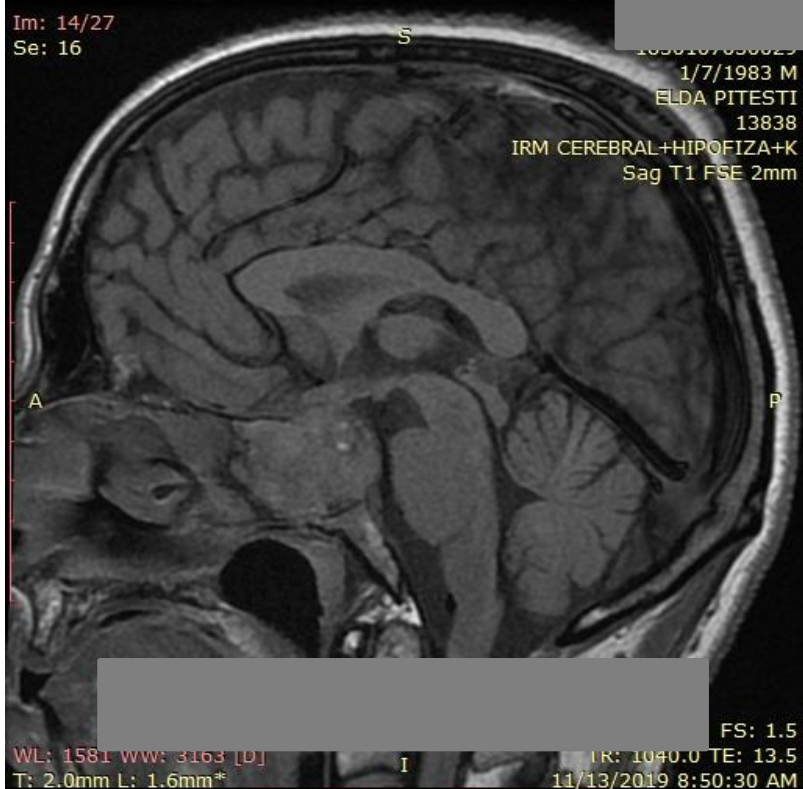
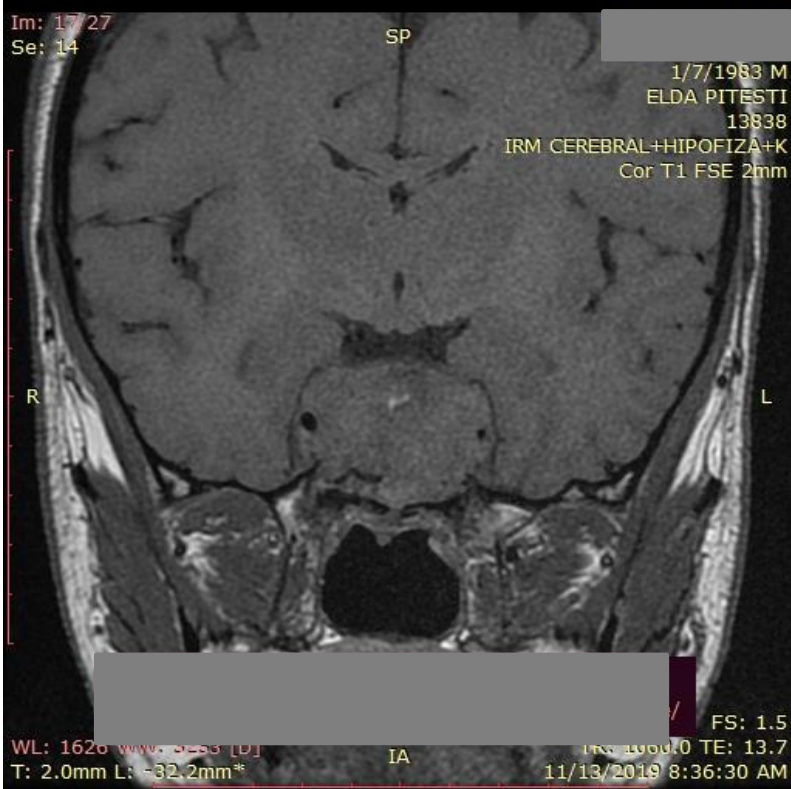
Department of Endocrinology

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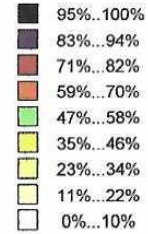
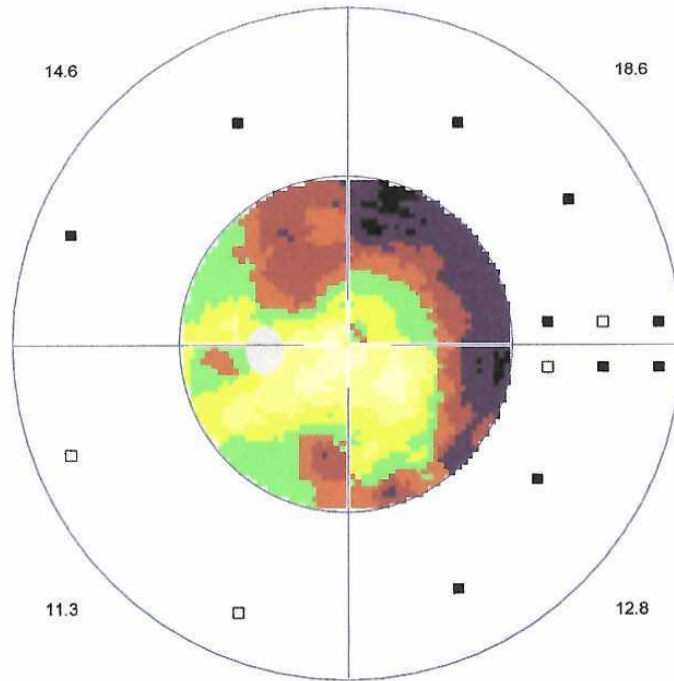
PATIENT HISTORY

- Summer of 2019 low appetite
 - Nov 4th, 2019 headache admitted to local hospital NSAID
 - Nov 6th, 2019 double vision
 - Nov 10th, 2019 severe headache transferred to regional hospital head CT
 - Nov 13th, 2019 pituitary apoplexy transferred to our hospital
-



Left eye (OS) / 11/14/2019 / 10:37:26

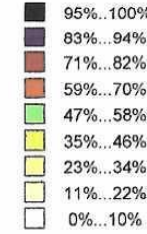
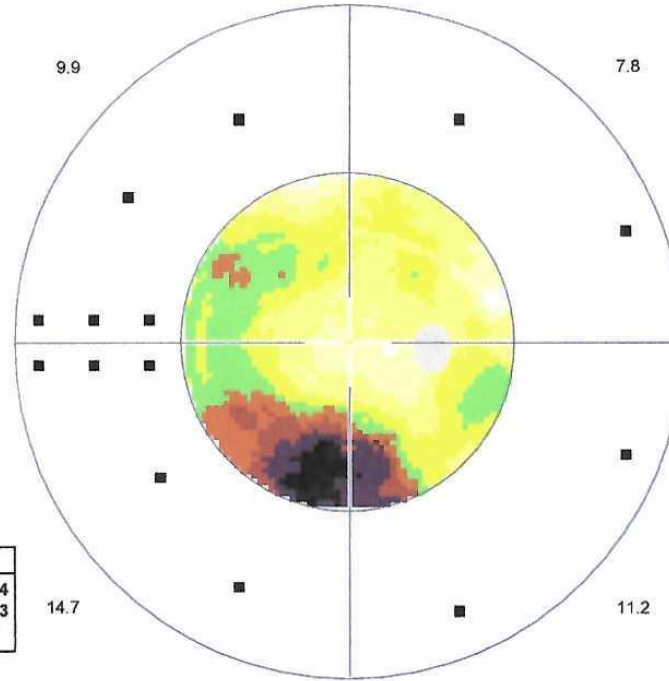
Greyscale (CO)



60°	
MS [dB]:	14.4
MD [< 2.0 dB]:	14.3
sLV [< 2.5 dB]:	6.1

Right eye (OD) / 11/14/2019 / 10:28:38

Greyscale (CO)



60°	
MS [dB]:	17.8
MD [< 2.0 dB]:	10.9
sLV [< 2.5 dB]:	5.7

Programs: G Standard White/White / TOP Questions / repetitions: 97 / 0
 Parameters: 4 / 1000 asb III 100 ms Duration: 03:48
 Catch trials: 1/5(+), 3/5(-) RF: 40.0
 Refraction S/C/A: // VA:
 Pupil [mm]: IOP [mmHg]:

Comment:
Classification:

Programs: G Standard White/White / TOP Questions / repetitions: 100 / 0
 Parameters: 4 / 1000 asb III 100 ms Duration: 03:35
 Catch trials: 0/5(+), 2/5(-) RF: 20.0
 Refraction S/C/A: // VA:
 Pupil [mm]: IOP [mmHg]:

Comment:
Classification:

What should we do next?

Surgery?

Medical treatment?

Dexketoprofen

Acetaminophen

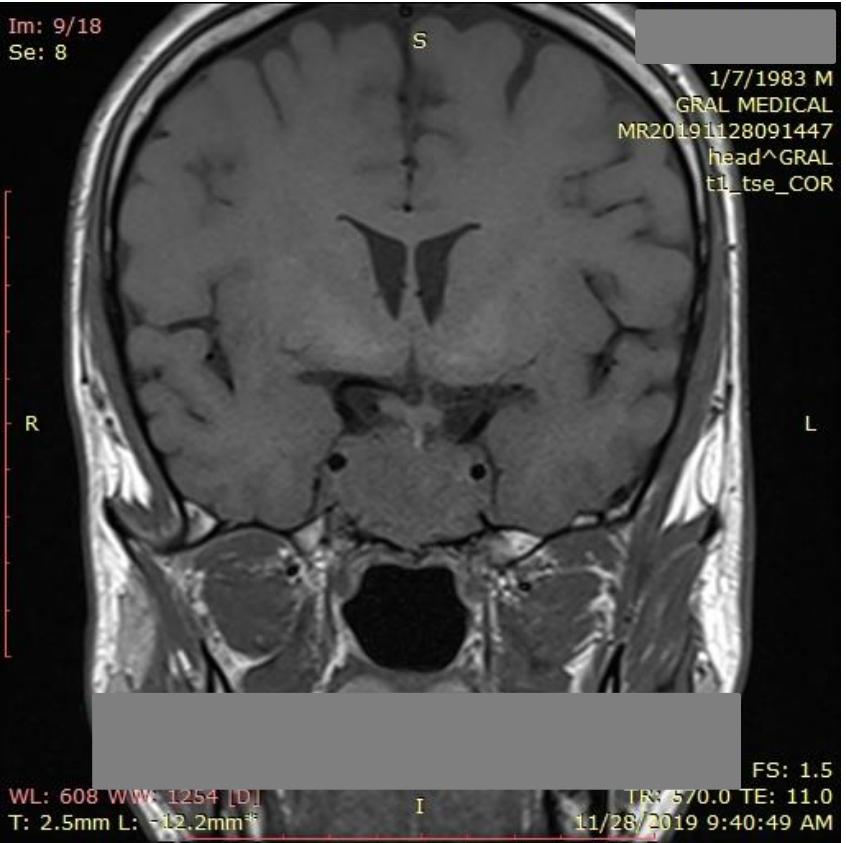
Dexamethasone

Manitol

Cabergoline 2 mg/wk

Prednisone 5mg/d

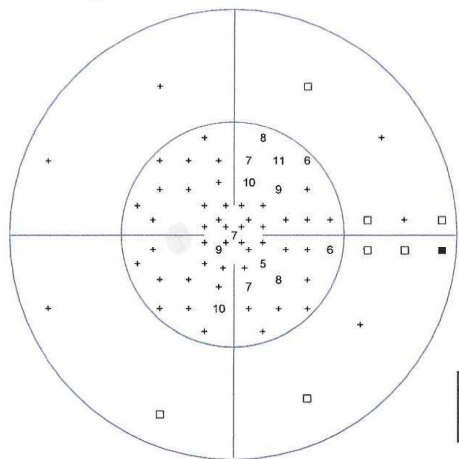
Levothyroxine 50 µg/d



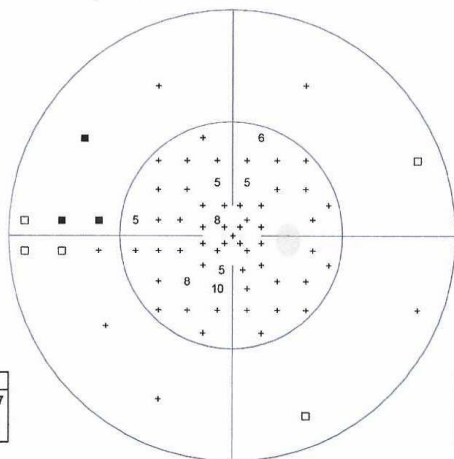
2 weeks later

Left eye (OS) / 05/29/2020 / 09:18:49
Corrected comparisons

Right eye (OD) / 05/29/2020 / 09:13:05
Corrected comparisons



60°
MS [dB]: 23.7
MD [< 2.0 dB]: 4.9
sLV [< 2.5 dB]: 4.3



60°
MS [dB]: 24.5
MD [< 2.0 dB]: 4.1
sLV [< 2.5 dB]: 3.0

Programs: G Standard White/White / TOP
 Parameters: 4 / 1000 asb III 100 ms
 Catch trials: 1/5(+), 0/5(-)
 Refraction S/C/A: //
 Pupil [mm]: //

Questions / repetitions: 94 / 0
 Duration: 02:58
 RF: 10.0
 VA:
 IOP [mmHg]:

Programs: G Standard White/White / TOP
 Parameters: 4 / 1000 asb III 100 ms
 Catch trials: 0/4(+), 2/5(-)
 Refraction S/C/A: //
 Pupil [mm]: //

Questions / repetitions: 91 / 0
 Duration: 02:37
 RF: 22.2
 VA:
 IOP [mmHg]:

Comment:
Classification:

Comment:
Classification:

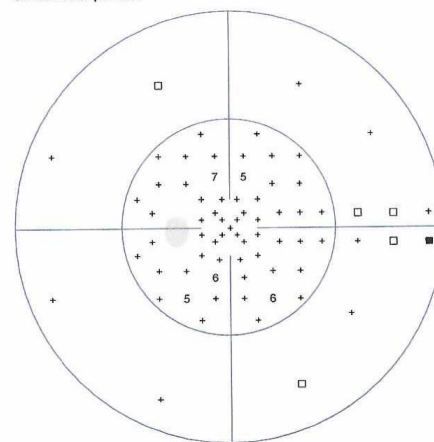
OCTOPUS®

EyeSuite™ Static perimetry, V2.2.0
OCTOPUS 900, SN 1780, V 2.1.5 / 2.2.0

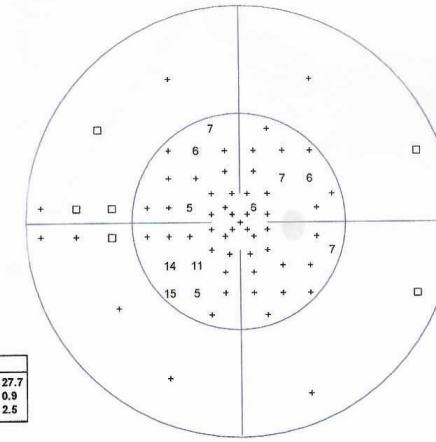


Left eye (OS) / 09/30/2020 / 09:22:55
Corrected comparisons

Right eye (OD) / 09/30/2020 / 09:18:39
Corrected comparisons



60°
MS [dB]: 27.7
MD [< 2.0 dB]: 0.9
sLV [< 2.5 dB]: 2.5



60°
MS [dB]: 24.1
MD [< 2.0 dB]: 4.5
sLV [< 2.5 dB]: 4.0

Programs: G Standard White/White / TOP
 Parameters: 4 / 1000 asb III 100 ms
 Catch trials: 2/4(+), 0/5(-)
 Refraction S/C/A: //
 Pupil [mm]: //

Questions / repetitions: 90 / 0
 Duration: 02:48
 RF: 22.2
 VA:
 IOP [mmHg]:

Comment:
Classification:

Programs: G Standard White/White / TOP
 Parameters: 4 / 1000 asb III 100 ms
 Catch trials: 1/4(+), 1/5(-)
 Refraction S/C/A: //
 Pupil [mm]: //

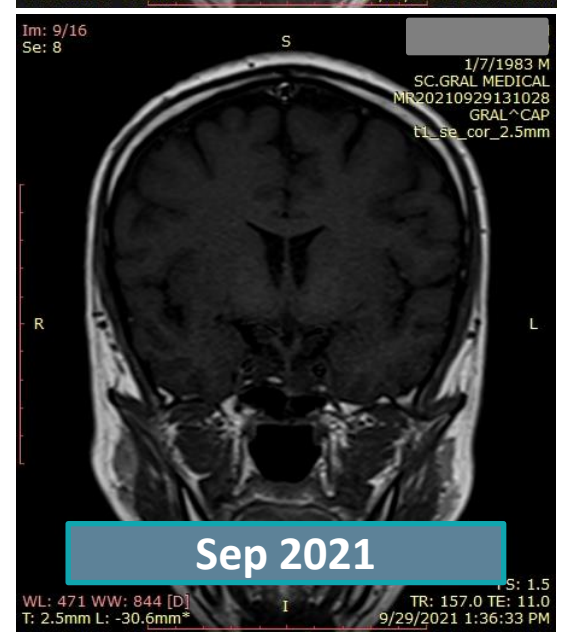
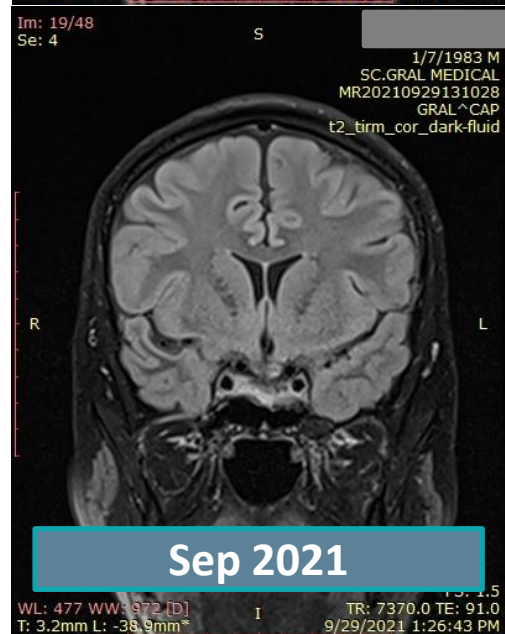
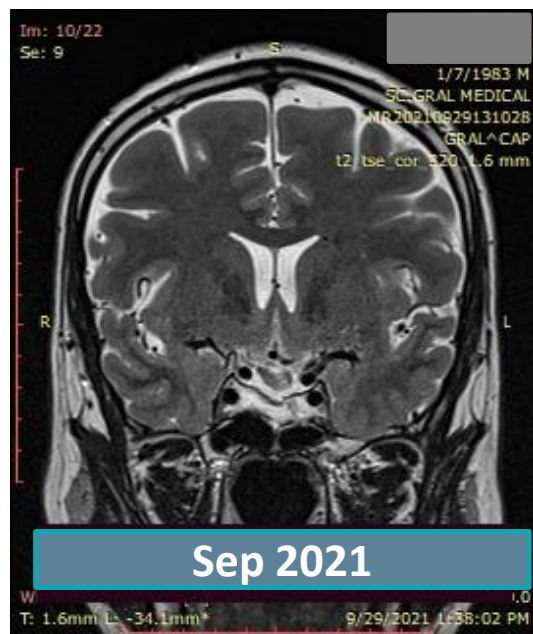
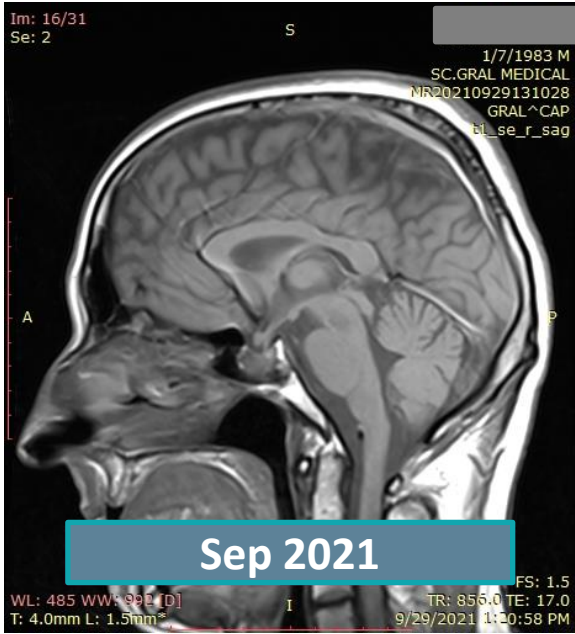
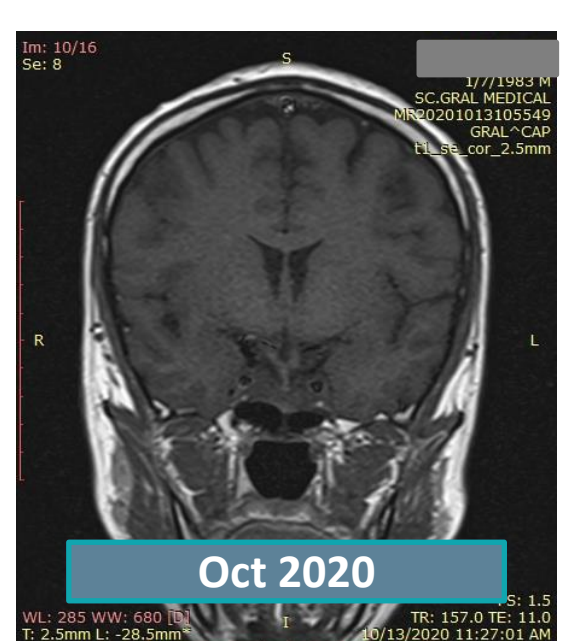
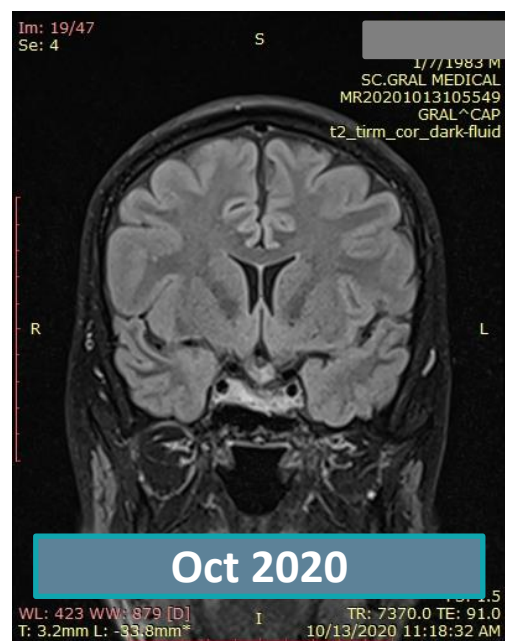
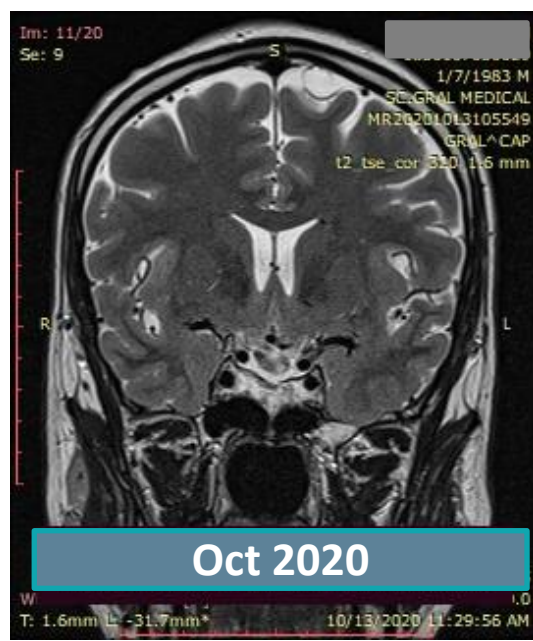
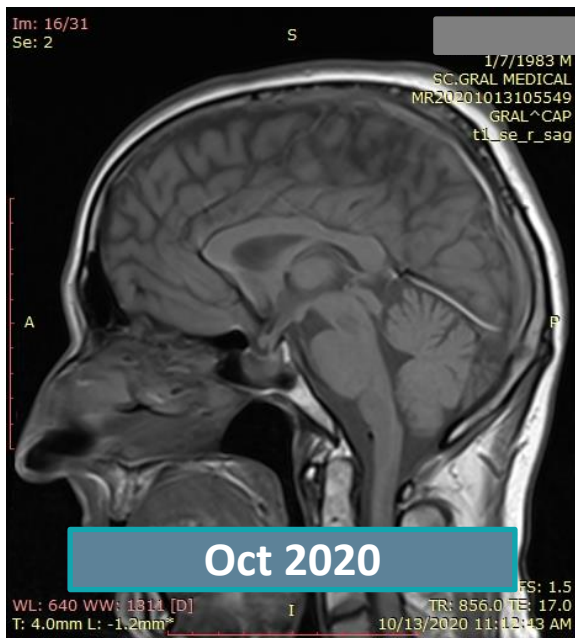
Questions / repetitions: 80 / 0
 Duration: 02:39
 RF: 22.2
 VA:
 IOP [mmHg]:

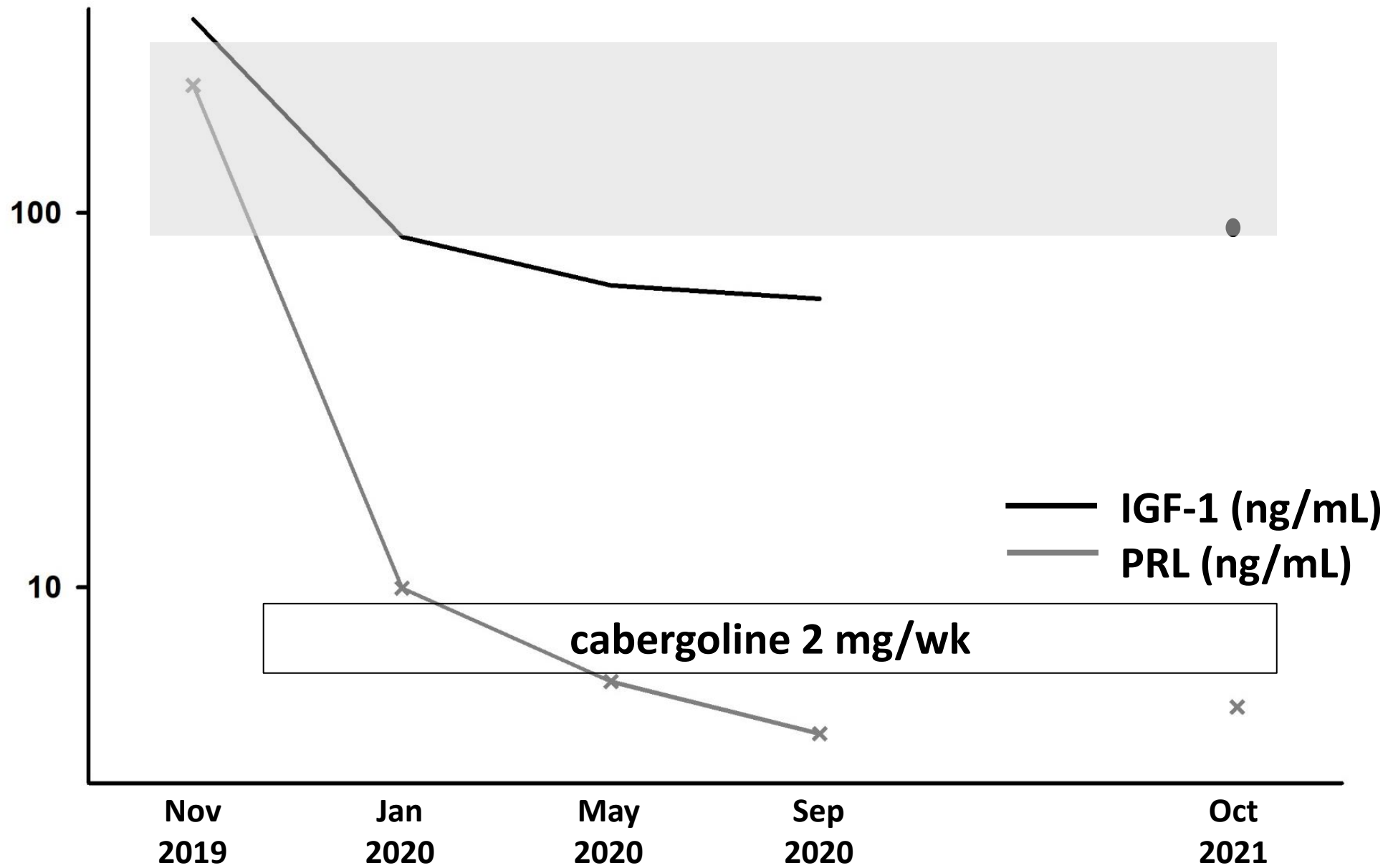
Comment:
Classification:

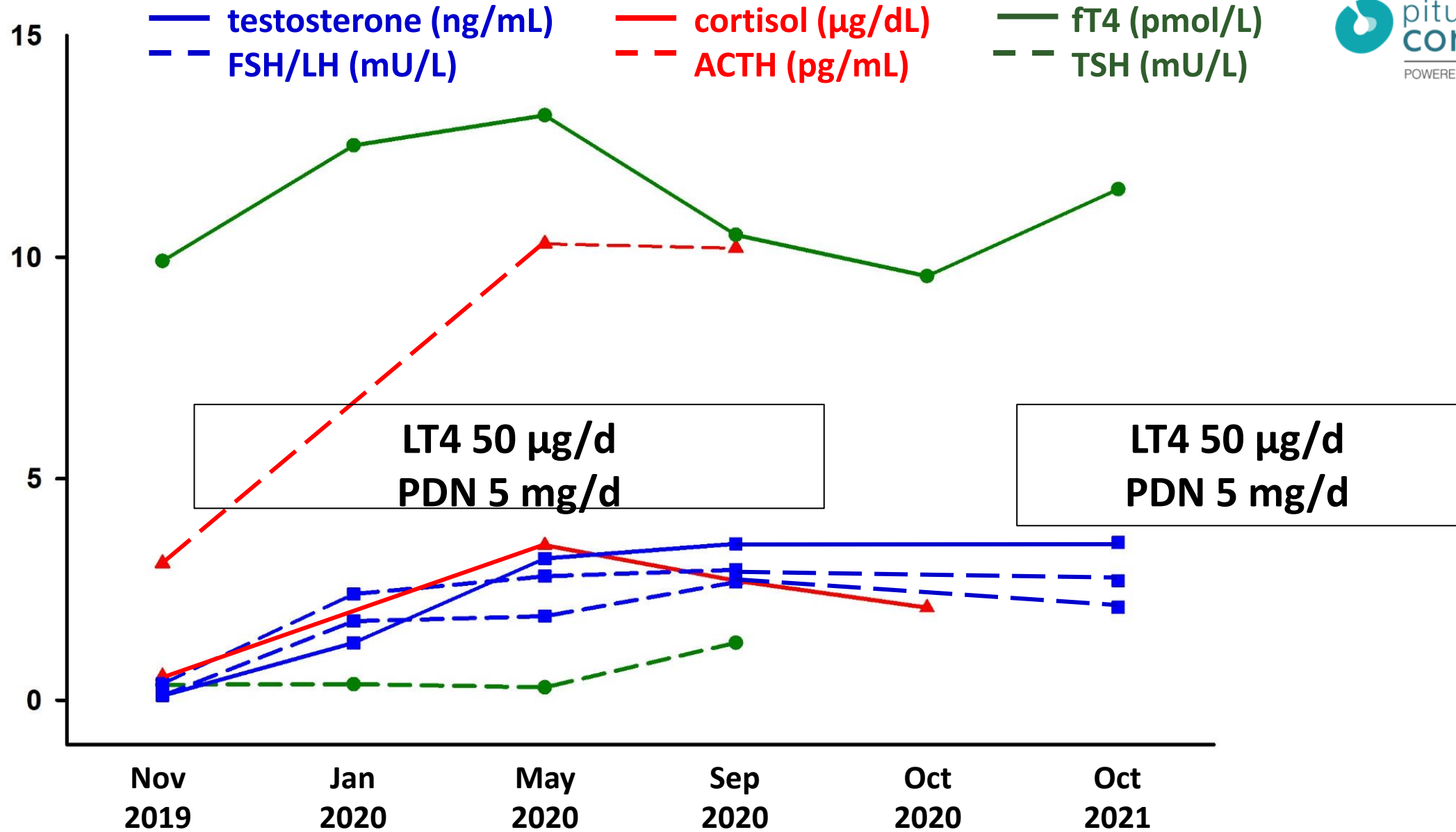
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Should we continue cabergoline?

Should we continue substitution treatment?

CONCLUSIONS

- Common hypopituitarism: GH → FSH/LH → TSH → ACTH
- Pituitary apoplexy