

**CLINICAL IMAGES**

## Sellar Aneurysm: Masquerading As Pituitary Macroadenoma With Hypopituitarism

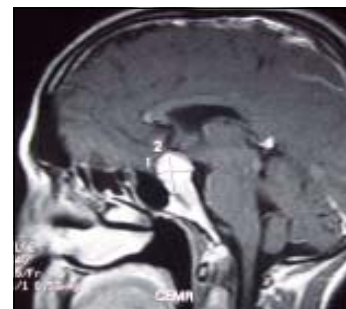
M. Nasir Shamas, M. Ashraf Ganie, Sanjeed Ahmed\*, Feroze Ahmad



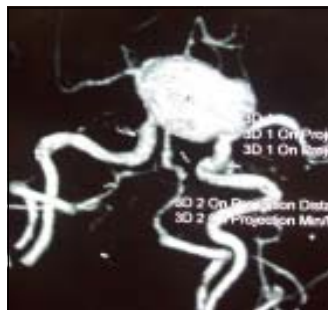
**Fig 1. CECT Brain Showing Features Suggestive of Macroadenoma**



**Fig 2A. MRI Brain with partially Thrombosed Intrasellar Aneurysm**



**Fig 2B. MRI brain; Lateral View with Thrombosed Intrasellar Aneurysm**



**Fig 3A & B. MR-Angio of the Circle of Willis Showing Vascular Aneurysm**

A 40 year old married male presented with moderate to severe intermittent headache and progressive diminution of vision in both eyes for the last eight months. He had history of easy fatigability, cold intolerance and postural giddiness but refused any features suggestive of hypogonadism. CECT Brain revealed a pituitary mass consistent with pituitary macroadenoma (FIG1). Hormone evaluation of pituitary functions suggested low T4 with inappropriately normal TSH, low cortisol, low basal GH, mildly elevated serum prolactin and normal LH, FSH, and testosterone. We were called a day before the scheduled trans-sphenoidal surgery and in view of hormone assays showing central hypothyroidism we suggested to make the patient euthyroid and asked for further radiological evaluation. Contrast enhanced MRI Brain (FIG.2A, 2B) revealed a large sellar mass with suspicion of a partially thrombosed intrasellar aneurysm arising at the junction of left anterior cerebral artery and anterior communicating artery. Carotid angiography, (FIG.3A, 3B), showed a giant aneurysm in relation to the anterior part of the circle of Willis arising from anterior

cerebral artery. Although sellar aneurysms presenting as pituitary adenomas or hypopituitarism are reported earlier (1-4), thrombosed aneurysm can be particularly difficult to differentiate from the macro-adenoma and index of suspicion needs to be high. The diagnosis of this rare but interesting entity is vital for the proper management to avoid catastrophic complications like hemorrhage and visual loss.

**References**

1. Barontini F, Ammannati F, Gagliardi R *et al.* A further case of giant intrasellar carotid aneurysm mimicking a pituitary adenoma: the relevance of a multivariate approach in differential diagnosis. *Ital J Neurol Sci.* 1994; 15:369-72.
2. Romano A, Chibbaro S, Marsella M *et al.* Carotid cavernous aneurysm presenting as pituitary apoplexy. *J Clin Neurosci* 2006; 13:476-69.
3. Locatelli M, Spagnoli D, Caroli M *et al.* A potential catastrophic trap: an unusually presenting sellar lesion. *Eur J Neurol* 2008 ; 15:98-101
4. Elizabeth A Lawson, Bradley R Buchbinder, and Gilbert H Daniels. Hypopituitarism associated with a Giant Aneurysm of the Internal Carotid Artery. *J Clin Endocrinol Metab* 2008; 93: 4616.

**From the Deptt. of Endocrinology & Radiodiagnosis\*, Sheri Kashmir Institute of Medical Sciences, Srinagar J&K India.**

**Correspondence to : Dr. M. Nasir Shamas, Senior Resident, Deptt. of Endocrinology, SKIMS, Soura, Srinagar J&K India.**