Images In...

Giant sellar meningioma mimicking pituitary macroadenoma

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DESCRIPTION

A 38-year-old Filipina presented with progressive left eye blindness, decreased right eye visual acuity and headache. She experienced no disturbance of consciousness, motor or sensory impairment. She had weakness, abdominal pain, cold intolerance and decreased libido. On examination, she was neurologically stable except for left eye blindness and decreased right eye visual acuity. Work-ups revealed thyroid stimulating hormone of 2 mIU/l (0.3–3.5), FT4 of 4.7 pmol/l (11–24), morning serum cortisol of 31.9 nmol/l (138–690) and prolactin of 2709 mIU/l (90–500). MRI demonstrated a 42×56×60 mm extra-axial isointense mass in the sellar-suprasellar region with inhomogeneous enhancement encasing the carotid and cerebral arteries (figure 1). She was diagnosed with pituitary macroadenoma with hypothyroidism, adrenal insufficiency and prolactinaemia from stalk compression. She was started on dexamethasone and levothyroxine, and subsequently underwent craniotomy. However, she expired 8 h after the

surgery from hypothalamic injury. Histopathology revealed light brown soft irregular tissue fragments suggestive of Meningioma.

Meningiomas are mostly benign tumours commonly arising in the convexity and parafalcine area of the brain.¹ Sellar meningioma with suprasellar extension simulating pituitary adenoma is a rare occurrence.² MRI in contrast can aid in the differential diagnosis by showing bright, homogeneous enhancement in meningiomas and heterogeneous, relatively poor enhancement in pituitary adenomas.³ However, in some, differentiating sellar meningioma from pituitary adenoma is difficult since the former can also present with heterogeneous enhancement similar to that of an adenoma. The presence of dural tail, a characteristic marginal dural thickening, may help in differentiating a sellar meningioma from pituitary adenoma.³

Competing interests None.

Patient consent Obtained.

Figure 1 Preoperative MRI. Transaxial (A) and sagittal (B), T1-weighted MRI with contrast showing a giant isointense sellar mass with suprasellar extension and dural tail (red arrow). This mass had inhomogeneous enhancement after contrast injection. It encases but does not occlude the bilateral internal carotid, middle cerebral, anterior cerebral and anterior communicating arteries.

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