what's your diagnosis?

A 37-year-old married woman with 3-month history of galactorrhoea and irregular menstrual cycle

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A 37-year-old married woman presented to the gynecology outpatient department with 3 months history of galactorrhoea and irregular menstrual cycle. No history of visual problems could be elicited. After initial evaluation she was referred to the endocrinology department for further investigation of her hormonal status. The visual field examination revealed bitemporal hemianopsia on perimetry. Galactorrhoea was also observed. Her pertinent laboratory investigations included high serum calcium (14 mg/dL), high levels of serum prolactin (120 µg/L) and parathyroid hormone (110mEq/L). The thyroid stimulating hormone (TSH), cortisol, gonadotropins

and serum calcitriol levels were normal. Two months later the patient presented with polyuria, polydipsia and bone pain. A high-resolution contrast-enhanced MRI (CEMRI) of the sella (Figure 1) and plain radiograph of the hands (Figure 2) was performed.

What are the abnormal findings on the MRI and the hand x-ray?

What additional studies are needed to make a diagnosis?

What is the likely diagnosis?

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Figure 1a. T1W MRI sagittal section showing a sellar mass with hypointense center.

Figure 1b. Peripheral rim enhancement is seen on post-gadolinium T1W sagittal image.

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Figure 2. X-ray of the hands showing osteopenia and subperiosteal erosion in the phalanges (arrow).