

Title

Don't ignore the clues:

Pituitary apoplexy in a patient with a chronic headache associated with amenorrhoea and galactorrhoea

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Introduction

A 35-year-old lady presented with a severe headache associated with photophobia. She had a chronic history of headaches for the past six years which was not previously investigated. Subsequent brain imaging revealed a pituitary apoplexy.

Case description

The patient complained of a severe headache upon waking up from sleep. The headache was described as bifrontal throbbing associated with nausea, vomiting and photophobia. She had been having frequent headaches for the past six years but the pain usually was moderate and self-limiting, resolving within a few hours with the occasional need for over-the-counter analgesia. She came to the Emergency Department (ED) due to non-resolving pain despite multiple analgesia.

Upon initial presentation to the ED, she displayed no neurological deficits. She was initially given additional analgesia with the intent of treating a migraine. However, a plain CT brain was done due to persistent severe headache despite treatment. The scan revealed a sellar mass with suprasellar extension and haemorrhage.

On further history, the patient had amenorrhoea and galactorrhoea for the past six years since her last child birth. She also had intermittent blurring of vision. While in the ED, she progressed to develop right sided ptosis and diplopia.

A subsequent MRI brain showed a sellar mass with features of a pituitary macroadenoma causing mass effect to the optic chiasm and cavernous sinuses with blooming artefacts within to suggest pituitary apoplexy.

She was referred to neurosurgery and had undergone a tumour excision via endoscopic transnasal transsphenoidal surgery.

Discussion

Pituitary apoplexy typically presents with a severe headache of sudden onset, sometimes with visual disturbance and ophthalmoplegia. However, identifying it in a patient with a history of chronic headaches with intact neurological findings is challenging as it is more likely to be due to a primary headache.

This case highlights the importance of identifying red flags for headaches including the severity and its characteristics. Enquiring regarding hormonal and visual symptoms such as amenorrhoea, galactorrhoea and visual disturbances can point to a secondary headache.

Conclusion

Pituitary apoplexy should be considered in patients presenting with severe headaches and its associated symptoms should be elicited.

Keywords

Headache, pituitary apoplexy, migraine