RARE-07. RECURRING PITUITARY CYST WITH HISTOLOGY OF XANTHOMATOUS HYPOPHYSIS: FIRST CASE REPORT OF SURGICALLY TREATED RECURRENCE AND LITERATURE REVIEW
Mansour Mathkour1,2, Juanita Garces1,2, Tyler Scullen2, Edison Valle1,2, Shams Halat1, Teresa Arrington1, and Marcus Ware1; 1Ochsner Clinic Foundation, Jefferson, LA, USA; 2Tulane Medical Center, New Orleans, LA, USA

INTRODUCTION: Xanthomatous hypophysitis (XH) is the rarest histological type of primary hypophysitis. It is non lymphocytic in nature, and is characterized by an infiltration of pituitary gland by lipid-laden histiocytes and macrophages. Consequent to a shared location, the clinical and radiological features of XH overlap heavily with pituitary adenomas and are prone to misdiagnosis. In this report we describe a case of newly diagnosed XH, which recurred after 1 year and was treated surgically. CASE: A 45-year-old female presented with history of menstrual irregularity for 9 months and a history of amenorrhea, galactorrhoea and headache for 2 months duration. Preoperative endocrinologic studies showed increased prolactin. Magnetic resonance imaging (MRI) of the sella showed a cystic lesion with suprasellar extension suggestive of a pituitary adenoma. The patient underwent transsphenoidal resection that revealed a thick yellowish colloidal material. Histopathology demonstrated necrotic tissue with no definitive diagnosis and no identified microorganisms. The patient resumed her normal menstrual cycle with serum prolactin levels normalizing at 2-months post surgery. At 1-year post surgery her menstrual cycle again became irregular. A repeat MRI showed a recurrent mass and she underwent a second transsphenoidal resection. Repeat histopathology was consistent with XH. At present, the patient is at 5-years post initial surgery and is doing very well without evidence of recurrence. CONCLUSION: To the best of our knowledge, there are 18 prior reported cases in the literature of XH and two reported cases of recurrent disease. The clinical and radiological features of XH are undistinguished from pituitary adenoma. These lesions present similarly to nonfunctional adenomas and diagnosis is often difficult without surgical pathology, necessitating meticulous immunohistochemistry to prevent misdiagnosis. As such, XH should be considered as a rare etiology in the differential of both newly diagnosed and recurrent sellar-region lesions.