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Image in Endocrinology

Double Pituitary Incidentaloma in a Young Woman With Sinusitis-Related Headache

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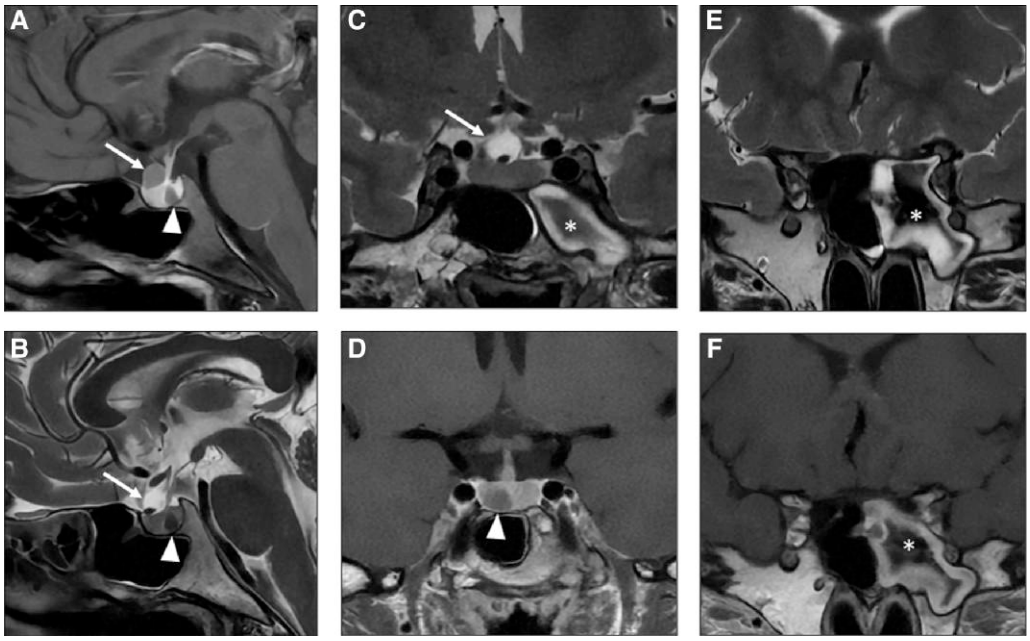
Key Words: pituitary incidentaloma, pituitary adenoma, Rathke cleft cyst, sinusitis

Abbreviations: CT, computed tomography; MRI, magnetic resonance imaging; PA, pituitary adenoma; RCC, Rathke cleft cyst.

Image Legend

A 21-year-old-woman presented with a 1-month history of headaches. Head computed tomography (CT) and magnetic resonance imaging (MRI) revealed acute sphenoid sinusitis (*, panels E and F), likely causing her headaches. Gadolinium-enhanced MRI also showed a right 7-mm pituitary lesion (arrowheads) with poor contrast enhancement on T1-weighted images (panels A and D), presumed as a pituitary adenoma (PA), and a separate 8-mm lesion anterior to the stalk (arrows) with low-intensity on T1 (panels A and D) and high-intensity on T2-weighted images with an intracystic nodule (panels B and C), compatible with Rathke cleft cyst (RCC). She had regular menstrual cycles, no polydipsia or polyuria, and her pituitary function and serum



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prolactin were normal. Headaches resolved following sinusitis-directed treatment. RCCs can be found in 13% to 22% of normal pituitaries, but rarely coexist with PAs. Concomitant RCC and PA often occurs on MRI evaluation for PA patients, or following surgery for a PA [1, 2]. However, it is unusual to encounter a RCC and a presumed nonfunctioning PA incidentally found in a patient investigated for headaches, none causing this presenting manifestation. This case also alerts for the need of considering other etiologies for headaches in patients with small RCCs and/or nonfunctioning PAs to prevent inadequate management.

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Informed Patient Consent for Publication

Signed informed consent was obtained directly from the patient.

Data Availability Statement

Original data generated and analyzed for this case report are included in this published article.

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