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Not all sellar masses are macroadenomas: think also in metastasis

Nem todas massas selares são macroadenomas: pense também em metástases

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A 54-year-old woman presented with a 3-month-history of blurred vision and refractory headache. Examination revealed severe bilateral visual acuity compromise, normal campimetry and bilateral papilledema. As a mean to investigate raised intracranial pressure, neuroimaging studies were performed and showed extensive sellar mass (Figure). Patient underwent transsphenoidal approach for resection of pituitary mass which disclosed metastasis of neuroendocrine lung tumor. Chest CT showed a mass in the anterior segment of right lower lobe of lung. Although symptomatic pituitary gland tumors are common in clinical practice[1], metastatic disease represent a rare cause of sellar tumors, mainly of breast and lung primary origin[2].

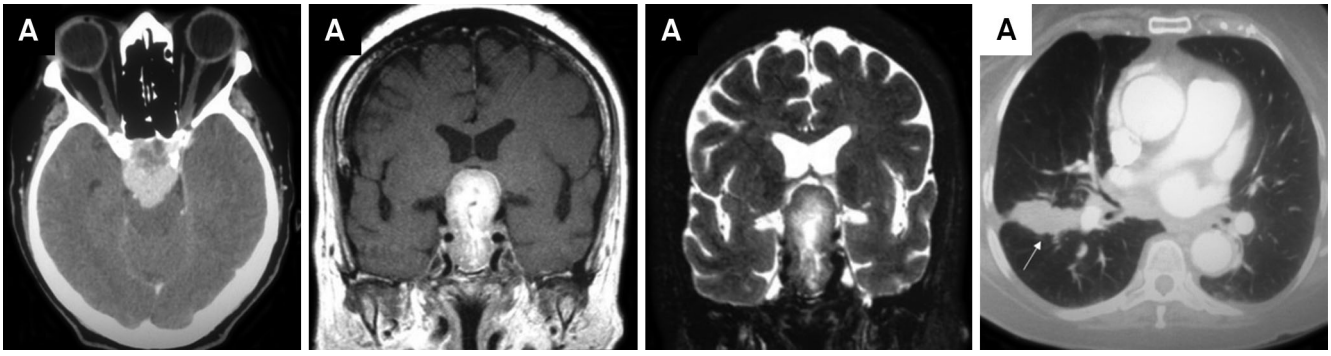

Figure. (A) Cranial CT scan showing a solid lesion in the sellar and suprasellar region with heterogeneous enhancement; (B) Coronal brain MRI sections disclosing a mass with heterogeneous enhancement on post-gadolinium T1 weighted images; (C) and with heterogeneous signal in T2-weighted images, hyperintense in its central portion and hypointense in its periphery; (D) Chest CT scan showing the presence of an irregular consolidation in the anterior basal segment of the lower lobe of the right lung associated with partial atelectasis (white arrow).

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