

## Pituitary Apoplexy - A Case Series On Endoscopic Approach

Bagathsinghkaruppanan<sup>1</sup>

*<sup>1</sup>Department Of Neuroscience, / Meenakhsimissionhospitalandresearchcentre/ India*

### **Introduction:**

Pituitary apoplexy is rare Neuro-endocrine emergency which can occur due to infarction or hemorrhage of pituitary gland. This disorder most often involves a pituitary adenoma. Occasionally it may be the first manifestation of an underlying adenoma. Patients usually present with headache, vomiting, altered sensorium, visual defect and/or endocrine dysfunction. Hemodynamic instability may be result from adrenocorticotrophic hormone deficiency. Imaging with either CT scan or MRI should be performed in suspected cases. The visual and endocrine outcomes are almost similar with either surgery or conservative management.

### **Materials & Methods:**

We had 6 cases of Hemorrhagic Pituitary Apoplexy Decompressed in Transnasal route for past 3 years. Most of the cases are neuroendocrine emergency, operated immediately once got admitted in neurosurgery unit. 4 (66%) were females and 2(33%) were males. Mean age is 54 years ranging from 22 years to 74 years. Most of the patients presented with abnormal endocrine functions. All these patients underwent MRI and confirmed sellar-suprasellar mass as pituitary apoplexy. Maximum size was 4.5cm in one of the dimensions is noted. All these patients were approached endoscopically through Trans Sphenoidal approach as a surgical modality of treatment for pituitary apoplexy.

### **Results:**

All the six patients were surgically approached through transsphenoidal approach, Good results were achieved neuroendocrinally in 33% of the patients. Limited surgical complications managed effectively.

### **Conclusion:**

Surgery or Conservative management. We want to conclude that early endonasal transsphenoidal minimally invasive surgery has a definitive role for better long term outcome for a selected group of patients with pituitary apoplexy.