

MIRROR IMAGE OF ABNORMAL ASSOCIATION OF SELLAR SUPRASELLAR TUMOR WITH POSTERIOR AND MIDDLE CEREBRAL ARTERY INFARCTION

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A female patient of 50 years age, had been admitted in the hospital with the complaints of progressive diminishing of vision for last 10 years and complete loss of vision for one year. Progressive weakness of right upper and lower limb for 15 days and lower limb more weak than upper limb. History of unconsciousness one time 2 years back. History of diabetic mellitus for one year.

On examination, higher psychic function, speech, gait are normal. Bilaterally complete loss of vision. No perception of light or projection of rays. Bilaterally

mature cataract. Other cranial nerves are normal. Muscle power of right upper limb of all groups are grade four and right lower limbs are grade three. Tone of muscles increase in right side. All jerks are increase in right side. Planter is extensor at right side. Cerebellar function and sensory function are normal. CT scan showed sellar suprasellar tumor image diagnosis was pituitary tumor, posterior cerebral and middle-cerebral artery territory infarction. CT angiogram shows there are narrowing of posterior cerebral artery and middle-cerebral artery (Figures 1).

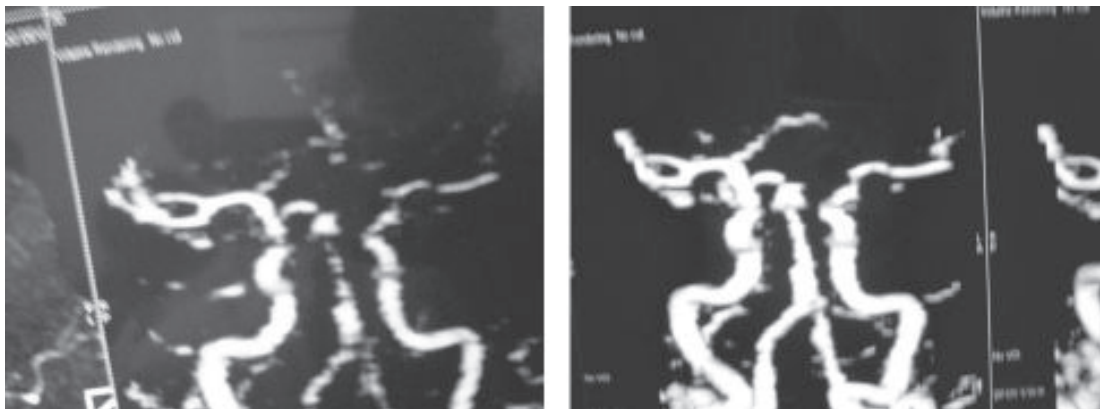


Fig.-1: Showed narrowing of the left posterior cerebral artery and middle cerebral artery

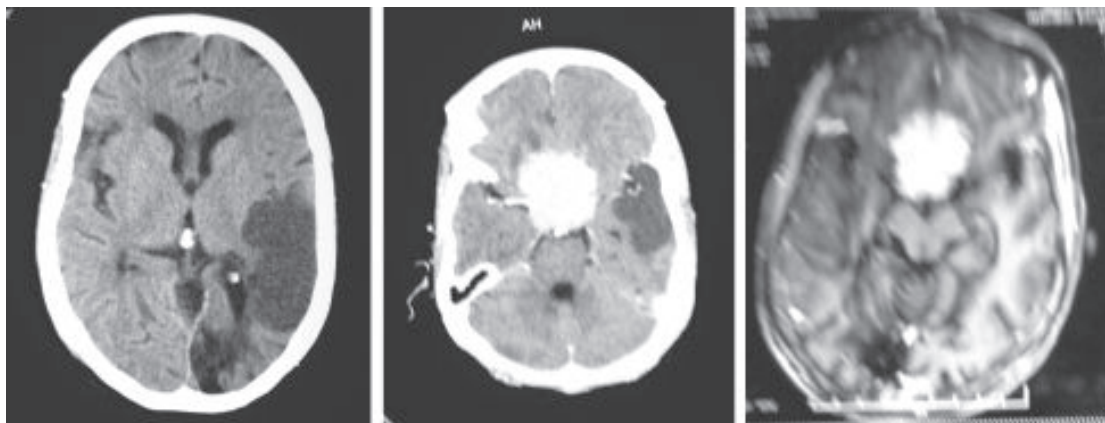


Fig.-2: CT scan and MRI of brain shows sellar and suprasellar tumour with infarction at the posterior and middle cerebral artery territory

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A small number of tumor present with pituitary apoplexy.² Pituitary tumour can present with endocrinology or neurological deficit (usually ophthalmoplegia or visual loss) due to expansion of a pituitary adenoma from hemorrhage or necrosis.³ Occlusion of the sinus: proptosis, chemosis. Encasement of the carotic artery by tumour may cause slight narrowing, but complete occlusion is rare.⁴

This is the rare association between pituitary adenoma and middle cerebral and posterior cerebral artery infarction.

References

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