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HYPOPITUITARISM AND DIFFUSE LARGE B-CELL NON-HODGKIN LYMPHOMA – A CASE REPORT

Dr TSAI LI-YU[1], Dr HWANG YA-MIN[1], Dr CHEN YU-WEI[1], Dr LIN CHIN-YAO[1], Professor LIN HONG DA[2]
[1]Yongho Cardinal Tien Hospital, YungHo, Taiwan, [2]Taipei Veterans General Hospital, Taipei , Taiwan

Abstract
Objective. Hypopituiarism results from pituitary, hypothalamic or parasellar disease that disrupt normal pituitary function by displacing, infiltrating ,or destroying the hypothalamic-pituitary unit. Primary CNS lymphoma involving the hypothalamic-pituitary axis is exceedingly rare,accounting for 1-2% of Non-Hodgkin lymphoma (NHL). Systemic lymphoma metastasis to pituitary occurs in 5-29%, primarily NHL. Subtype diffuse large B-cell lymphoma (DLBCL) is the most common histology.
Methods. We report clinical features , imaging and histology findings of a middle age man with hypopituitarism and DLBCL.
Results. A 66-year-old single male was admitted due to anorexia, nausea, general weakness, productive cough and shortness of breath for 3 days. He was pale , with total blind both eyes, sparse axillary and pubic hair. Hemogram and blood biochemistry revealed normocytic anemia, hyponatremia and hypoglycemia . Chest X-ray showed prominent pulmonary hilum . An intra-abdomen mass entrapping great vessels was found in CT scan.Lymphoma is considered. A deep ulcer surrounding with rigid mucosa in the posterior wall of cardia noticed in endoscopic exanimation. Biopsy from the lesion confirmed the diagnosis of NHL ,DLBCL type. Pituitary function was evaluated and results confirmed central hypothyroidism, central adrenal insufficiency and hypogonadotropic hypogonadism .
Conclusion. Hypopituitarism and DLBCL was a rare clinical association. Regretfully, the patient was total blind since age 5 and claustrophobia, visual field examination and MRI of brain can not be performed for further investigation the causal relationship.This case demonstrate that recognition of lymphoma infiltration to pituitary is importance as it is one of the potential associated cause of hypopituitarism.