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Rathke's Cleft Cyst presenting with intractable hyponatremia

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Introduction: Rathke's Cleft cyst is a rare epithelial cyst which is confined to the sella turcica or extends into the suprasellar area. Hyponatremia is a rare documented presentation of Rathke's Cleft Cyst and there were 10 reported cases.
Case: A 75 year old, male who presented with hyponatremia intractable to intravenous Saline solution correction who later developed seizure and decreased sensorium. Patient has hypotension despite fluid resuscitation and inotropics. Blood sugar was on the low normal level. Serum cortisol was low at 152 mmol/L (5.6ng/dL). The thyroid function test showed FT3 2.88pmol/L (3.1-5.2), Ft4 9.07pmol/L (12-22), TSH 0.35UIU/mL (0.27-4.2). He was started on hydrocortisone and eventually the serum sodium was corrected. Blood pressure became stable and inotropics were tapered off. Canial MRI showed a 1.4 cm cystic appearing lesion within the suprasellar cistern, mildly indenting on the superior margin of the pituitary gland possibly Rathke's Cleft Cyst. Patient refuses surgery and was sent home ambulatory and conversant with no recurrence of seizure.
Discussion: Patients with symptomatic Rathke's Cleft Cyst commonly present with headache, blurring of vision, and symptoms related to the compression of the optic chiasm, pituitary gland, hypothalamus and cavernous sinus. Patient may present with hormone deficiencies. In our patient, hyponatremia was due to hypocortisolism caused by Rathke's Cleft Cyst indenting the pituitary gland. There was resolution of hyponatremia upon initiation of hydrocortisone.
Conclusion: It is important to rule out presence of endocrinopathies in patients with intractable hyponatremia. Surgery is the mainstay of treatment for Rathke's Cleft Cyst.