

Lymphocytic hypophysitis

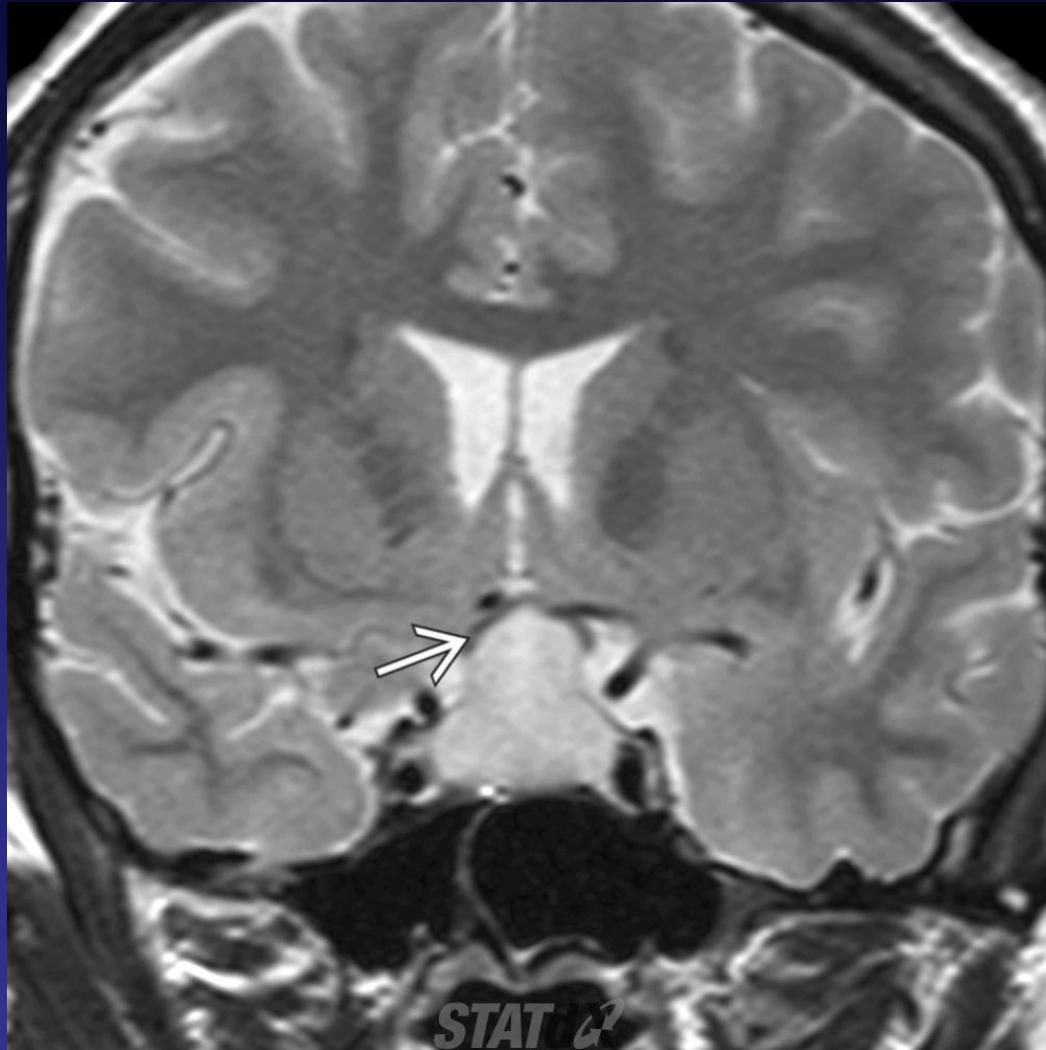
- Idiopathic inflammation of the anterior pituitary gland “rare”
- Imaging Findings
 - Best diagnostic clue: Thick nontapered stalk, +/- pituitary mass
- Presentation
 - Most common signs/symptoms: Headache, visual impairment
 - Clinical profile: Peripartum female with headache, multiple endocrine deficiencies
- Demographics
 - Age: Mean age at presentation for F = 35 y, M = 45 y
 - Gender: M:F = 1:8 or 9

- Synonyms: Adenohypophysitis, primary hypophysitis, stalkitis
- Idiopathic inflammation of pituitary gland &/or stalk
- Thick stalk (> 2 mm + loss of normal "top to bottom" tapering)
- \pm enlarged pituitary gland
- 75% show loss of posterior pituitary "bright spot"
- Enhances intensely, uniformly
- May have adjacent dural or sphenoid sinus mucosal thickening

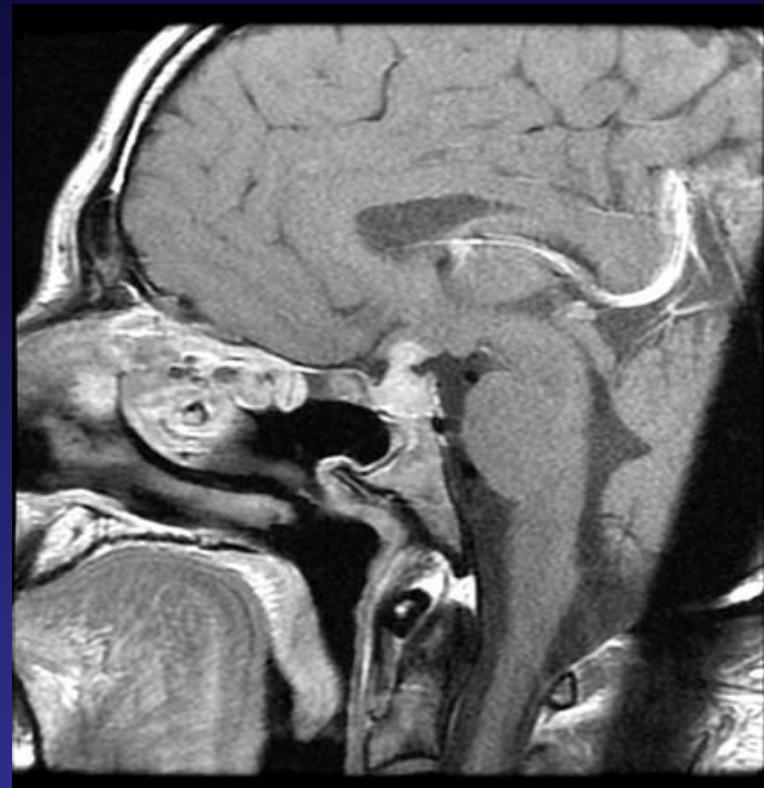
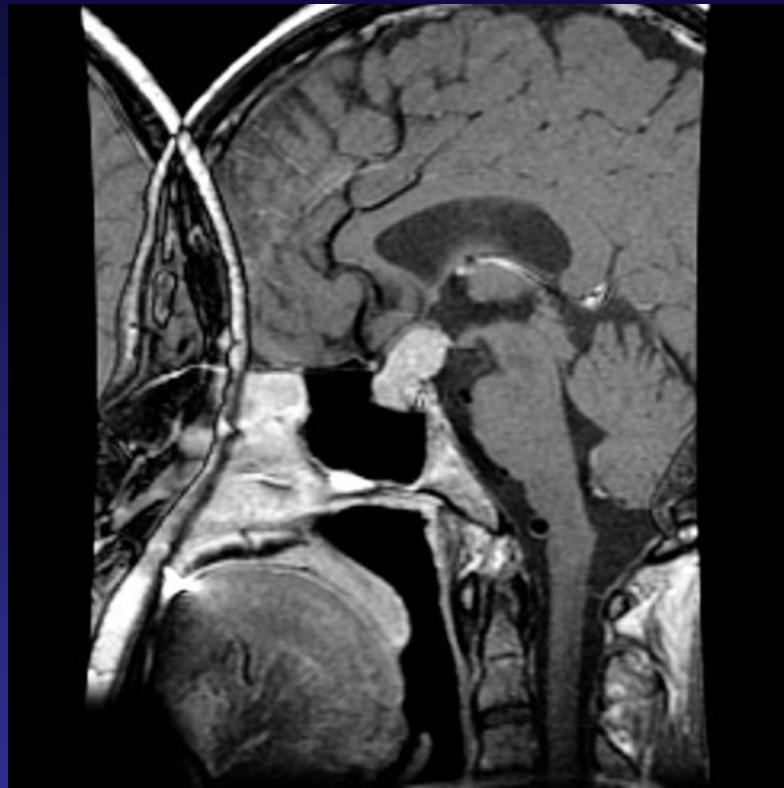
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- 33-year-old female with a history of headaches and blurry vision following a recent pregnancy.





Coronal T2 MR in a pregnant woman with visual changes and endocrine abnormalities shows a hyperintense sellar/suprasellar mass with superior displacement of the optic chiasm (white solid arrow). Surgery for optic chiasm decompression disclosed lymphocytic hypophysitis. Imaging mimics pituitary macroadenoma.



Macroadenomas are expected to enlarge the sella turcica

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DDX:

- Adenoma
- Lymphocytic hypophysitis
- Sarcoidosis
- Lymphoma
- Langerhans' cell histiocytosis
- Germ cell tumor
- Granular cell tumor
- Infundibular glioma
- Metastasis