

Case presentation

TALEGHANI HOSPITAL ۱۳۹۹/۱۰/۱۵

Patient history

- ❖ ۲۲ years old man
- ❖ Born & live in Tehran
- ❖ Source of history: patient ,reliable
- ❖ Chief complaint :weight gain

PI:

- ❖ 22 years old man with diagnosis of MEN1 in his father complain of 26 kg weight gain in 2 years ago
- ❖ He noticed some changes in the hand & foot size (increased shoes size)
- ❖ Headache +, visual impairment –
- ❖ Oily skin +, increased sweating –
- ❖ Snoring +
- ❖ Induced galactorrhea
- ❖ Libido change?
- ❖ No beard growth, no male pattern hair growth on the body (he mention starting testicular growth at 13 y/o that was arrested in 16 y/o)
- ❖ Skin thinning –
- ❖ Easy bruising -
- ❖ Muscle weakness –

First evaluation in milad hospital(١٣٩٨/٨/١٩)

Ca: ١١/٥ mg/dl	IGF١: ٥٥٨ ng/ml(٤٢٥)	FBS: ٩٠ Insulin: ٢٤ micu/ml
Ph: ٣/٤ mg/dl	Prolactin: ١١٥ ng/ml	
٢٥ OH VITD: ١٤/٧ ng/ml	Cortisol ٨ am: ١٠/٢ DST: ١,٧ micg/dl	
PTH: ٩٥/٩ pg/ml	TSH: ١/٤ miu/ml T٤: ٥/٧ micgr	
Urine calcium : ٤٤٨ mg/٢٤ hr	Testosterone: ٠/٤ ng/ml LH: ٢ IU/L,FSH: ١ IU/L	

Radiologic evaluation

- ❖ Chest ,abdominopelvic CT scan : NL
- ❖ Brain CT: hypophyse diameter: 20 mm , hypo dens area 12/7 mm in favor of mass lesion.
- ❖ Brain MRI: 33*23*17 mm solid heterogeneous mass with enhancement in sellae with supra sellar extension
- ❖ Abdominal sonography :
 - ❖ fatty liver grade 1
 - ❖ Hydronephrosis in left kidney, 3 stones

Thyroid sonography :normal size thyroid lobes, 7*4 mm & 3*2 mm solid heterogeneous nodule in right & left thyroid lobes

treatment

- ❖ TSS (1398/11)
- ❖ Pathology :pituitary adenoma
- ❖ Total thyroidectomy?(MNG)+ parathyroidectomy (1398/12)
- ❖ He was discharged with:
 - ❖ Hydrocortisone:25 mg
 - ❖ Levothyroxine 200micgr/week
- ❖ Symptomatic hypocalcemia in 6 months after surgery(3 admissions)

Follow up

- ❖ Complain of fatigue, weight gain
- ❖ Headache -,visual disturbance –
- ❖ Induced galactorrhea+
- ❖ Oily skin+
- ❖ Snoring+
- ❖ hypoglycemia –
- ❖ Dyspepsia -,GERD -

FOLLOW UP

LAB DATA (११/१) ▶

Ca:१/१ mg/dl	IGF1:१३१ ng/ml(१२१)
Ph:१/१ mg/dl	Fast state GH:०/१ ng/ml
PTH:१ pg/ml	Prolactin:>१०० ng/ml
२१ OHVITD:१३ ng/ml	Testosterone:३/१ ng/ml
alb:१/१ gr	T4:१/१ micgr/dl

MRI



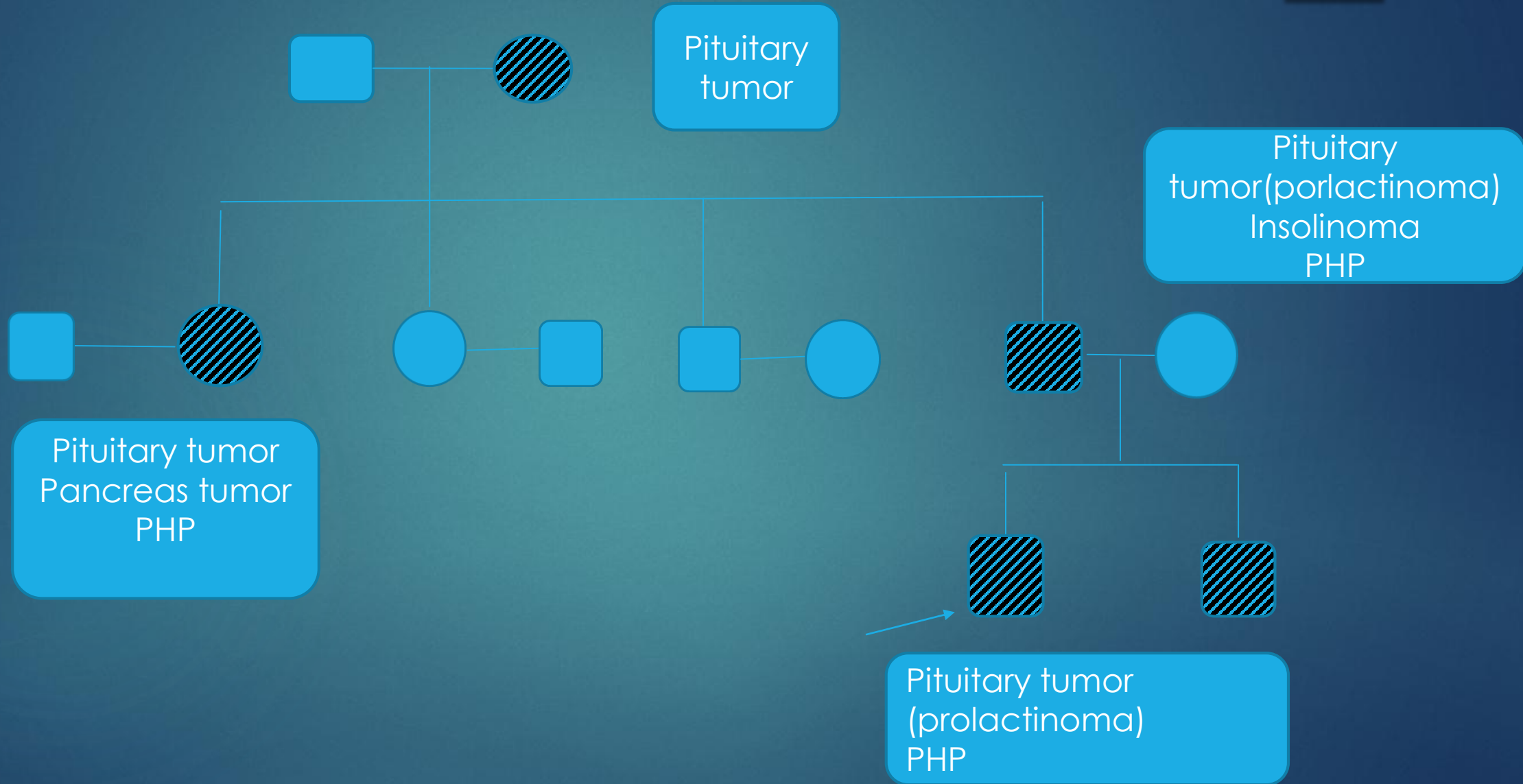
❖ PMH:

- ❖ Pituitary adenoma(resected)
- ❖ PHP(resected)

❖ DH

- ❖ hydrocortisone: 25 mg/daily
- ❖ Levothyroxine: 700 micgr/week
- ❖ Testosterone 250 mg/21 days
- ❖ Calcium carbonate BD,
- ❖ Calcium fort TDS
- ❖ Rocatrol BD

FH



FH:

- ❖ 2 times surgery in grand mother because of invasive pituitary tumor
- ❖ Death in 64 y/o after second surgery
- ❖ Persistent headache in one of patients aunts
- ❖ Renal stone in the family

FH:

- ❖ Father
- ❖ : visual disturbance & headache (35y/o)
 - ❖ Cystic sellar lesion: surgery+ cabergolin
- ❖ Renal stone & bone fracture (37 y/o)
- ❖ Hypoglycemia (40 y/o)
 - ❖ Bs<20, c-peptide:6,34 ng/ml,insulin:23 micu/ml
 - ❖ EUS: well defined hypoechoic mass with sharp border in pancreatic body
 - ❖ Sub total pancreatectomy +splenectomy: multiple well differentiated neuroendocrine tumor of pancreas
 - ❖ IHC: NSE ,chromogranin :strongly positive,ki67<1% ,benign neuroendocrine tumor
 - ❖ Parathyroidectomy:3,5/4 , parathyroid hyperplasia
- ❖ Headache recurrence :sellar mass 15*20 mm with right para sellar extension ,re surgery(40)

FH

❖ Brother:

- ❖ Ca: 10.3 mg/dl
- ❖ Ph: 3.5 mg/dl
- ❖ Vit D: 19.7 ng/ml
- ❖ PTH: 10.1 pg/ml
- ❖ IGF1: 330 ng/ml (584)
- ❖ Prolactin : 10.7 ng/dl
- ❖ Pituitary MRI: 11*7*8 mm **macro adenoma** at right side of pituitary gland with heterogeneous enhancement
- ❖ Parathyroid tc⁹⁹ MIBI scan : parathyroid adenoma inf to left thyroid lobe.

ROS:

- ❖ Headache -,seizure -,depression –
- ❖ Visual disturbance –
- ❖ Snoring +
- ❖ Oily skin +
- ❖ Increased sweating –
- ❖ Skin thinning –
- ❖ Easy bruising -
- ❖ Beard growth(after starting testosterone)
- ❖ Gynecomastia +
- ❖ Induced galactorrhea
- ❖ Libido change –
- ❖ Muscle weakness -

P/E

- ❖ 22 Y/O male
- ❖ Weight 126kg, height 187, BMI: 36
- ❖ Bp:105/70 PR:90
- ❖ Moon face -jaw deformity -,
- ❖ Angiofibroma -
- ❖ Thyroid surgery scar in neck
- ❖ Buffalo hump +
- ❖ Acanthosis nigricans -
- ❖ Gynecomastia +
- ❖ Striae + (<1cm,wight)
- ❖ Testis volume 1 cc ,penis stretch length:11 cm
- ❖ Muscle force 5/5

LABS

- ❖ IGF1: 168 ng/ml (385)
- ❖ GH:
 - ❖ basal: 0,05 ng/ml
 - ❖ 30 min after glucose: <0,05
 - ❖ 60 min after glucose: <0,05
- ❖ Prolactin : 1604 miu/l (370)
- ❖ Calcium: 8,8 mg/dl
- ❖ Ph: 5 mg/dl

Problem list

- ❖ 22 Y/O male
- ❖ FH of MEN1
- ❖ Pituitary tumor ,thyroid ¶thyroid surgery
- ❖ Complain of fatigue & continuing weight gain & induced galactorrhea
- ❖ Gynecomastia, testis volume \uparrow cc & SPL: 11cm
- ❖ Prolactin * \uparrow ULN
- ❖ Partial empty sellae/remnant