History:
- A 3 year old girl
- Acute Interstitial Nephritis
- Polydipsia accompanied by day-time and night-time polyuria
- Enuresis that developed 2 weeks before admission
- During the last year increased appetite and escalating weight gain
- SDS\(H\) + 3.5, SDS\(W\) + 2, SDS\(BMI\) + 3

Investigations:
- 24-hour diuresis > 5-6 l
- Urine specific gravity < 1005
- Urine specific gravity with test with Minirin > 1015

Diagnosis

Differential diagnosis:
- Tumors with multiple sites development
- Lesions of the facial bones or anterior/middle cranial fossae with a concurrent intracranial mass
- CDI
- Langerhans Cell Histiocitosis (LCH)

More investigations:
- The histological result from pituitary surgery revealed Eosinophilic granuloma.
- This confirmed the diagnosis LCH

MRI:
- Suprasellar mass with a second mass in the right orbit, accompanied with lytic lesion of the zygomatic bone. The radiological diagnosis was “Pituitary tumor”.

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Follow up:
- The patient started chemotherapy according to the established current protocol and Minirin 4 x 1/2 t.
- Since the start of Dexamethasone, the initially weight continues to increase. Since the stop of Dexa she lost 11 kg.
- She continues on the current protocol and Minirin 4 x ¼ t.

The frequent initial presentation of intracranial benign and malignant tumors to the Pediatric Endocrinologist requires step-wise multidisciplinary approach for ensuring better outcome.