Radiologic appearance is important for diagnosis of autoimmune hypophysitis

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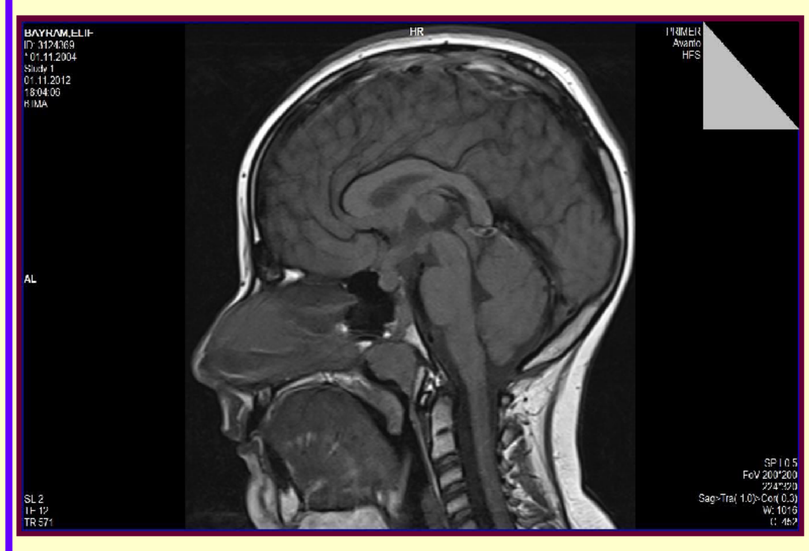
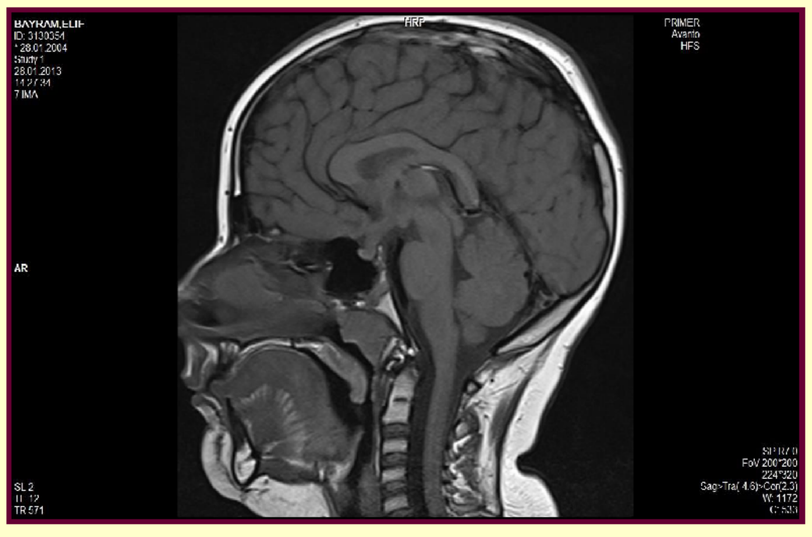
OBJECTIVES

Etiologic causes should be evaluated in patients with central diabetes insipidus. Inflammatory and malign diseases must be exclude.

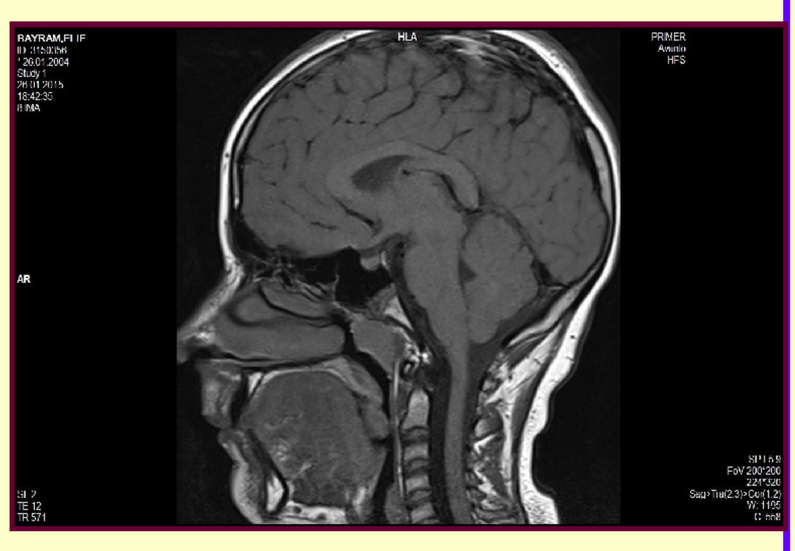
Graphs and tables



at diagnosis



sixth month in follow-up



eighteenth month in follow-up

CASE

Nine-year-old girl suffered from polyuria and polydipsia was diagnosed CDI. Adenohypohysis height and infudibulum thickness were increased 8 and 9 mm respectively. Physical findings were consistent with Tanner stage 1, height SDS-0.48 and BMI 91 percentile. Tumor markers and adenohypophysis hormones were within normal ranges, IGF 1 level was 98 ng/ml (-1/-2 SDS). Hypophysis autoantibodies and autoimmune endocrine diseases were not detected. Hypophysis gland was shrunk and infundibulary thickness was decreased to normal measurements at 18th months. However growth hormone deficiency was detected with growth hormone stimulation tests and 2.5 cm/year growth velocity. She was started to hGH treatment when her height SDS was -1.35 and has been grown up 9 cm/year.

CONCLUSIONS

It can be suggested that patients with typical autoimmune hypophysitis radiologic findings such as symmetrical enlargement, intact sellar base, and nothing related with malign diseases can be followed without infundibulary biopsy

References

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