

Exceptional etiology of recurrent epistaxis: The giant prolactinoma

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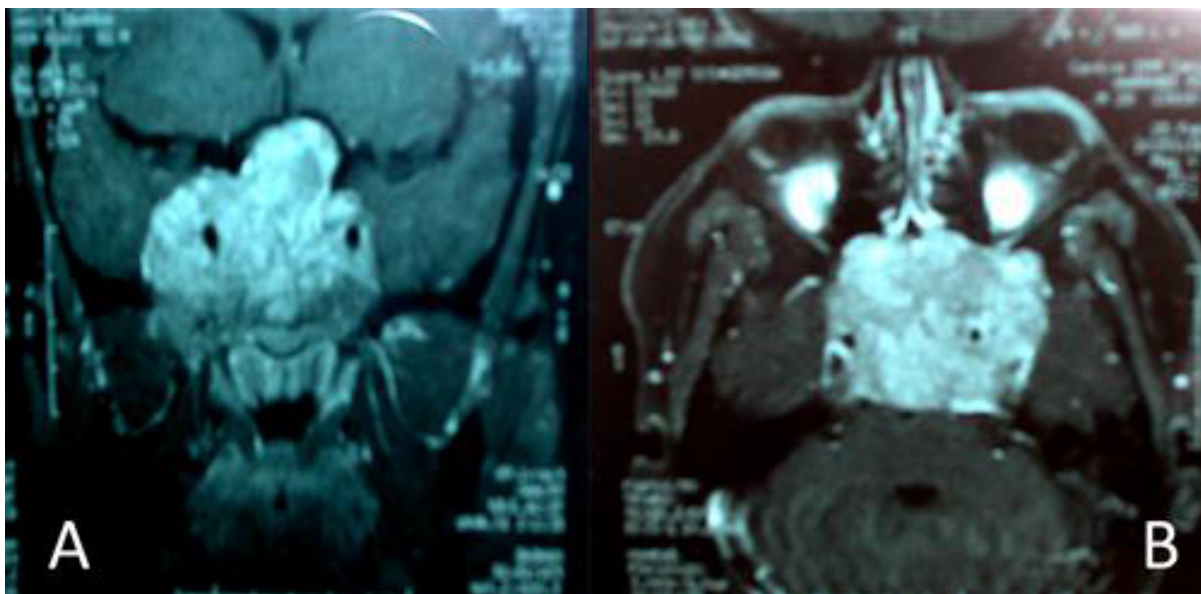


Figure 1: Coronal (A) and axial (B) T1-weighted pituitary MRI showing a giant pituitary adenoma with infra- and supra-sellar extension.

Prolactinoma is a rare benign pituitary tumor with an annual incidence of 6-10 per million, and more than 90% of cases are microadenoma. Giant prolactinoma defined by a diameter ≥ 40 mm are exceptional (0.5% of all pituitary tumors).

Epistaxis remains an exceptional and unusual clinical manifestation of these tumors. It occurs classically if tumor invasion of the nasal cavity, pituitary hypoplexia, or more rarely if rupture of an intra-adenomatous arterial aneurysm. Epistaxis may exceptionally be the first sign revealing the prolactinoma, and may be fatal.

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A 28-year-old man with no pathological medical history, was hospitalized for exploration of an isolated and recurrent epistaxis for two months. Nasal endoscopy revealed the presence of a left intra-choanal mass that seems dependent on the left sphenoidal sinus. Cerebral MRI showed pituitary macro-adenoma of 45x50x60 mm with supra- and especially important infra-sellar extension (Figure 1). Serum prolactin was at 200 ng/ml. Other pituitary hormones were within normal limits. The investigation for type 1 multiple endocrine neoplasia (MEN 1) was negative. Ophthalmologic examination found bitemporal hemianopia. Thus the diagnosis of a giant prolactinoma invading the nasal cavity was retained. The patient was treated with dopamin receptor agonist with good outcome.