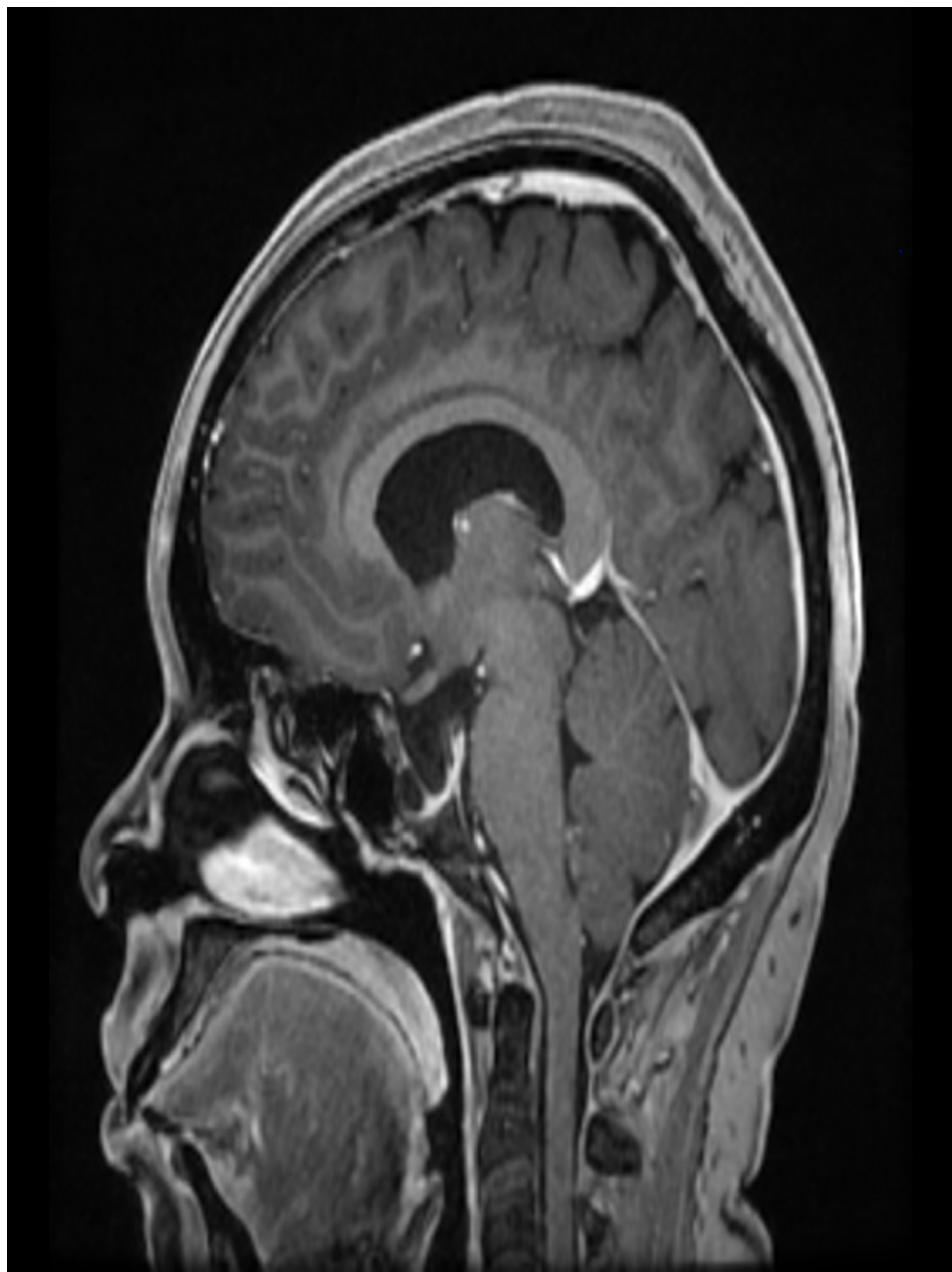


Empty Sella Syndrome impact on Pregnancy

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Objective

Demonstration of a rare case of empty Sella syndrome and its impacts on pregnancy.



Case report

A 42-year-old Sudanese lady with a history of two normal delivery and two miscarriage in the first trimester, hypothyroidism on 100mcg of thyroxine and hyperprolactinemia previously on cabergolin, presented to our general obstetric clinic in early pregnancy.

On reviewing her history of chronic recurrent headache, nipple discharge, irregular period and history of pregnancy induced hypertension in previous pregnancies treated with medication.

On presentation to the general obstetric clinic she was around 5 weeks of gestation and a follow-up scan was arranged after 2 weeks which showed an intrauterine gestational sac corresponding to 6 weeks with no fetal cardiac activity. A follow up appointment was arranged but the patient presented after 6 days to the emergency department with vaginal bleeding. On examination her cervix was open with no visible retained products and ultrasound scan confirmed the diagnosis of incomplete miscarriage. She was later admitted for medical management with misoprostol 400 mg and successfully passed the retained products of conception. She was discharged and was reviewed by internal medicine 2 months post miscarriage with complaints of intense headache not relieved with paracetamol, hyperprolactinemia of 1,752 mIU/L, breast fullness, and lactorrhea. She had a mammogram showing bilateral duct ectasia with no suspicious findings of malignancy. MRI of the brain was requested due to recurrent intense headache and lactorrhea which showed a large partial empty sella and enhancing residual anterior pituitary gland tissue present with no gross evidence of pituitary microadenoma. She is following with internal medicine, currently, she is not on dopamine agonists.

Discussion

Empty sella syndrome (ESS) is a radiological diagnosis on MRI of the characteristic of (1) herniation of the diaphragm sellae (2) the presence of cerebrospinal fluid in the sella turcica (3) flattening of the pituitary gland. There are primary and secondary ESS. ESS is common in middle aged women and the estimated range of 2% -20% prevalence. The pituitary function is usually normal, only 10% of the patients presented with mild hyperprolactinemia. It is associated with hypertension, hypothyroidism and obesity . Women might suffer from amenorrhea, galactorrhoea and infertility. Women with hyperprolactinemia might need to induce ovulation with bromocriptine to achieve pregnancy.

Conclusion

Importance of preconception visit in hyperprolactinemia women with a history of recurrent miscarriage and early treatment to prevent future miscarriage.