PITUITARY TUMOR APOPLEXY – SURGICAL RESULTS AND OPHTALMOLOGICAL OUTCOME IN A SERIES OF 98 PATIENTS

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Pituitary apoplexy represents an abrupt and occasionally catastrophic occurrence of acute hemorrhagic or ischemic infraction of a preexisting pituitary adenoma. This may lead to a displacement of optic nerves and chiasm, and compression on the third, fourth and sixth cranial nerves, clinically manifested by an abrupt onset of severe headache, restriction of visual field, deterioration of visual acuity, ophtalmoplegia.

We retrospectively reviewed 98 cases of pituitary apoplexy in our Department of Neurosurgery, with special attention of ophthalmological outcomes.

All the patients underwent surgery performed via microscopic transnasal transsphenoidal approach, between January 2009 and December 2013.

Ophthalmological examinations and imaging studies were performed before the operation, as well as three months and every year postoperatively. There were no fatalities and no intraoperative or postoperative complications.

Improvement in visual acuity was noticed postoperatively in 46 (80,7%) out of 57 patients, who initially presented with decrease in visual acuity. Visual field deficits, seen in 74 patients preoperatively, were restored after surgery in 63 patients (85,1%) and the ocular paresis was resolved almost in all cases: 13 (92, 8%) out of 14 patients with third, fourth, sixth nerve paresis preoperatively.

The best outcome was noticed in cases where surgery was performed within one week after clinical onset.

Acknowledgement

This paper was co-financed from the European Social Fund, through the Sectorial Operational Programme Human Resources Development 2007–2013, project number POSDRU/159/1.5/S/138907 "Excellence in scientific interdisciplinary research, doctoral and postdoctoral, in the economic, social and medical fields -EXCELIS", coordinator The Bucharest University of Economic Studies.