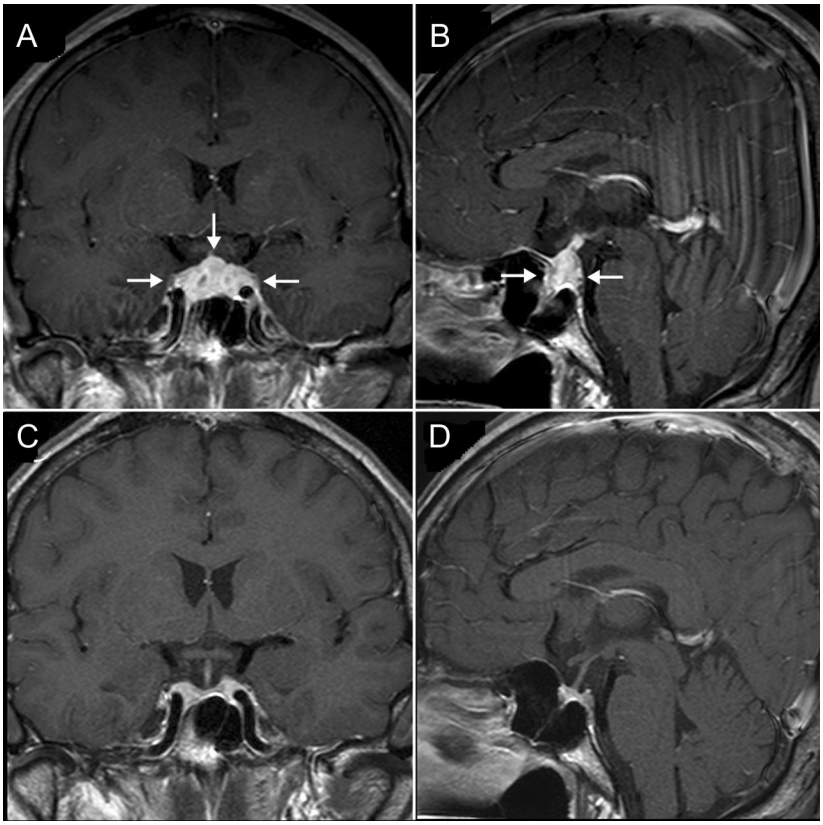
Painful oculomotor nerve palsy due to lymphocytic hypophysitis

Figure MRIs



Gadolinium-enhanced coronal (A) and sagittal (B) sellar MRIs reveal enlarged pituitary gland and thickened pituitary stalk with a strong enhancement, which were normalized on follow-up MRIs (C and D) 1 month later.

A 40-year-old man developed headache and a left oculomotor nerve palsy. MRI revealed diffuse enlargement of the pituitary gland and thickening of the pituitary stalk with strong gadolinium enhancement (figure). CSF examination showed a lymphocytic pleocytosis; there were laboratory findings of panhypopituitarism, but no related symptoms. We administered IV methylprednisolone. The headache and ophthalmoplegia showed a dramatic response, resolving 5 days later. Lymphocytic hypophysitis is characterized by autoimmune inflammation of the pituitary gland,[1] usually presenting with headache and visual disturbances in women, rarely with oculomotor nerve palsy.[1,2] Glucocorticoids effectively reduce inflammation and support adrenal function.

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