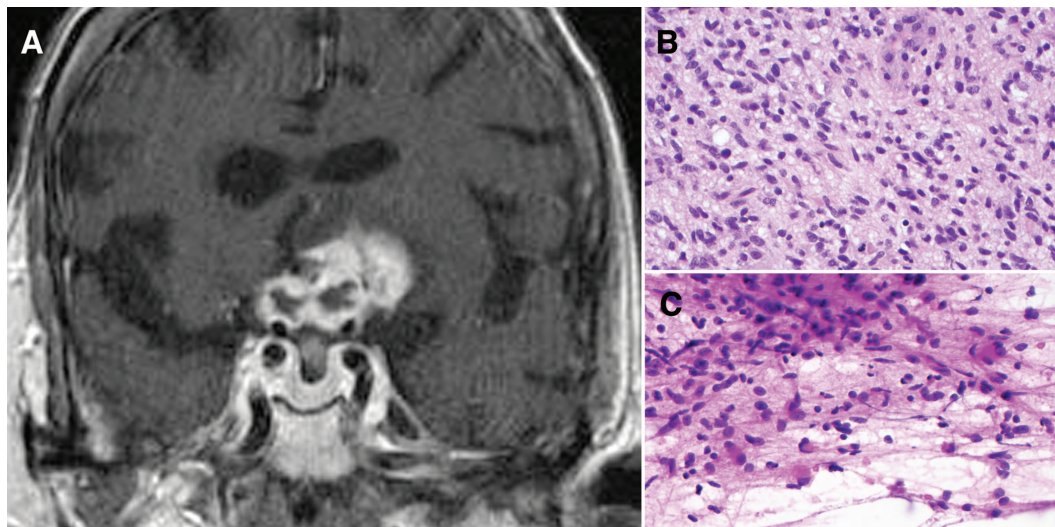


A case of endocrinologic crisis in a woman with subacute blindness



(A) Coronal T1 postgadolinium MRI showing heterogeneously enhancing mass centered within the suprasellar cistern involving the optic apparatus and hypothalamus extending superiorly to involve the inferior frontal lobes. (B, C) Biopsy specimen histologic section shows hypercellular fibrillary malignant neoplasm with moderate cytologic atypia and rare apoptotic bodies (hematoxylin-eosin stain, 400 \times original magnification).

A 79-year-old woman presented to our emergency department with subacute, sequential, severe optic neuropathies and encephalopathy. She had been treated for suspected giant cell arteritis at an outside facility several months earlier (elevated erythrocyte sedimentation rate and minimal left optic nerve enhancement). On our evaluation she had panhypopituitarism and a large, gadolinium-enhancing optic apparatus mass extending through the hypothalamus and into the frontal lobes (figure, A). Biopsy diagnosed grade IV fibrillary astrocytoma (glioblastoma multiforme; figure, B and C). Optic nerve gliomas are typically low-grade and diagnosed in childhood, while rare adult cases are often high-grade glioblastoma as in the present case.^{1,2}

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