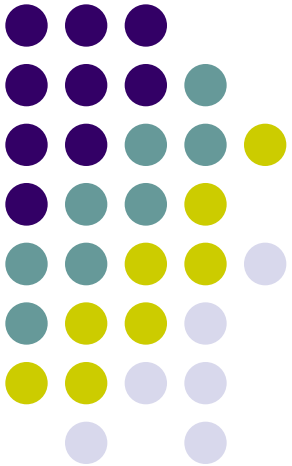
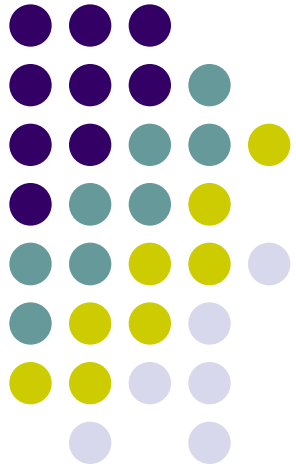
# Mrs MH

An unusual headache with visual disturbance

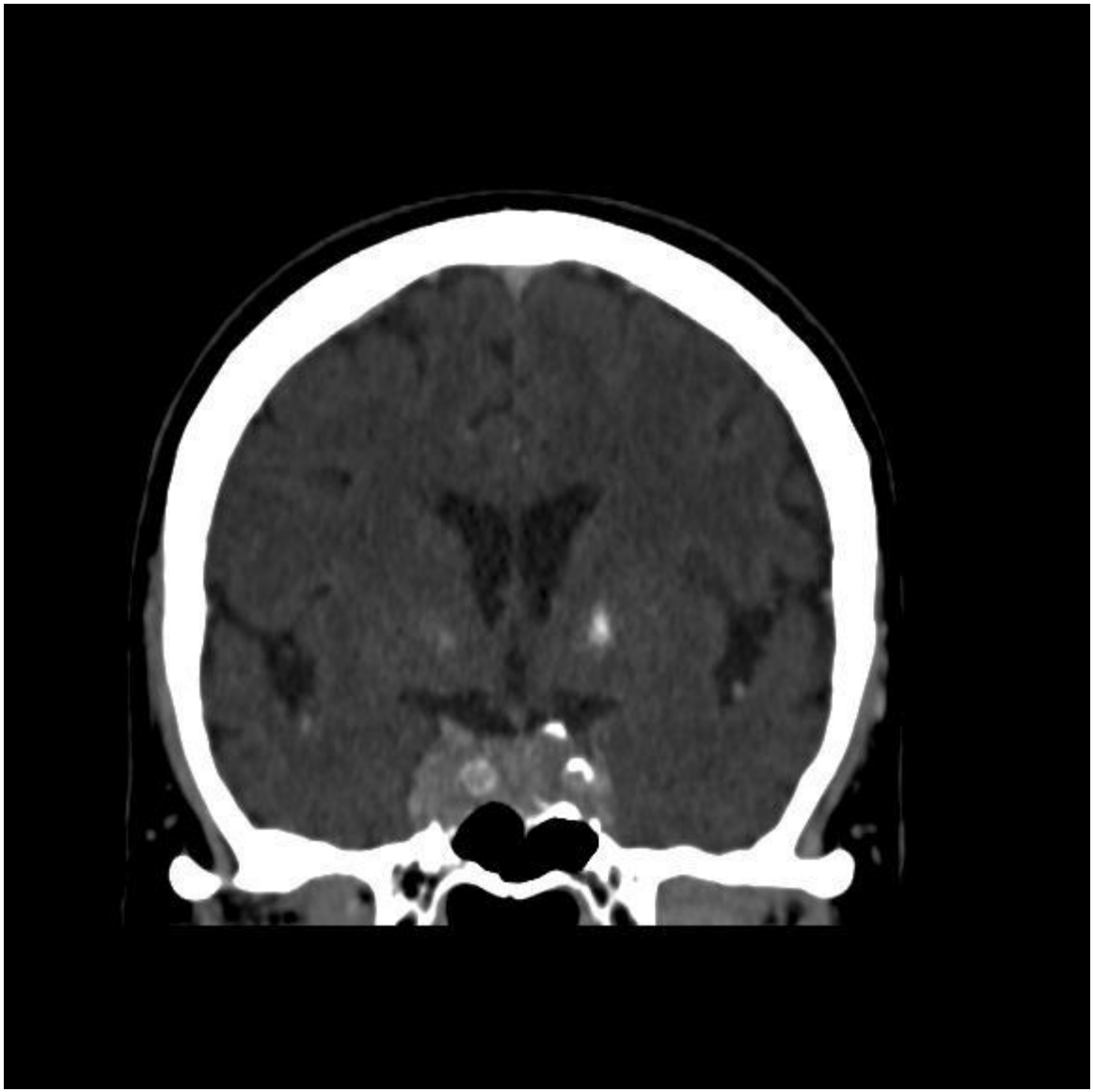
?TIA



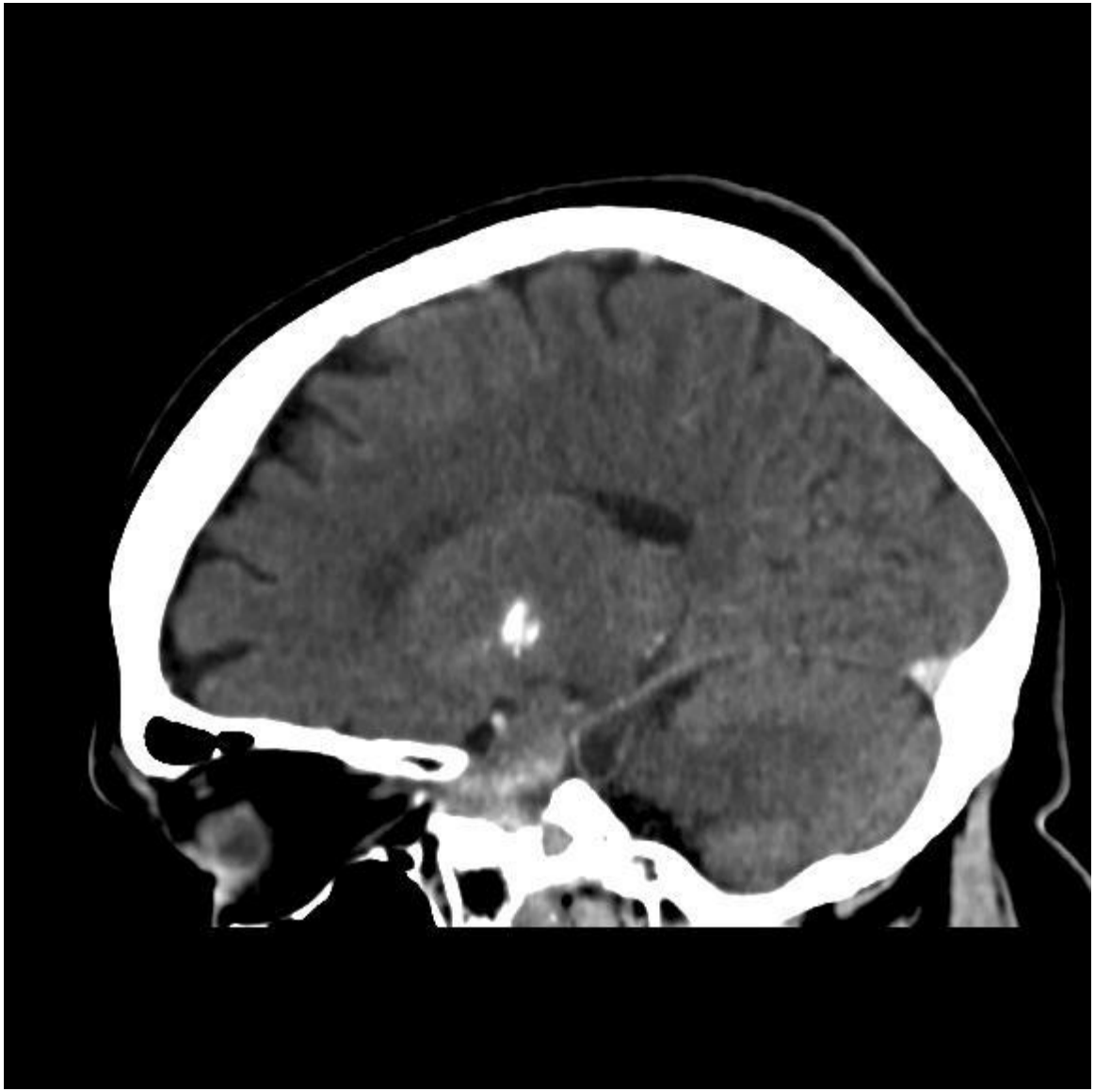
# A Ct Scan was performed



Post contrast coronal view



Post contrast sagittal view

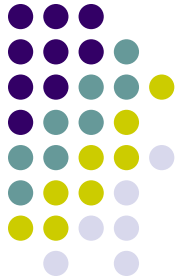


INDICATION. Three separate episodes representing? TIA. Cold left arm with headache and transient blurring right vision.

There is expansion of the contour of the right cavernous sinus which has a laterally convex margin. This is associated with apparent expansion of the anterior wall of the pituitary fossa to the right of midline. There is extension of soft tissue posteriorly into the upper part of the pre pontine cistern to the right of midline at the petrous apex but without opacification of the trigeminal cave. No other intracranial abnormalities seen and in particular there is no evidence for a parenchymal mass or acute infarct.

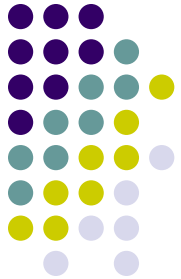
IMPRESSION. Right cavernous sinus mass with recommendation for evaluation by MRI..

# Additional Tests were ordered..



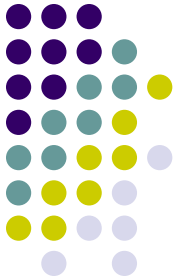
- FBC
- U & E
- TFTS
- Cortisol
- Gonadotrophins
- Prolactin

# A neurosurgical opinion was obtained



- “no plans for surgery. Consider ORL referral for biopsy if indicated. Consider stemetil for symtomatic relief”

# A neurology opinion was sought



- Differential includes
  - Metastatic process
  - Primary lymphoma
  - Granulomatous condition (Wegeners)
  - Tolosa-Hunt?

  Noted the results of tests…

  TFTs normal

  Cortisol ? Low

  Gonadotrophins inappropriately low

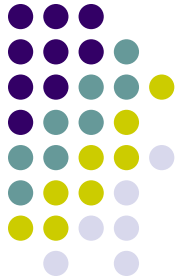
  Prolactin awaited

- Recommendations – LP with large volumes for cryptococcus serology and mycology as well as bacterial culture
- Assessment – visual disturbance and headache likely due to migraine triggered by cavernous sinus mass.

# An MRI was performed

- CONCLUSION There is diffuse mildly enhancing expansile tumour invading the cavernous sinuses bilaterally and pituitary fossa. The differential diagnosis includes lymphoma, metastatic disease or granulomatous inflammation

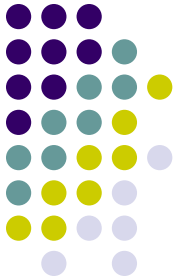
## Followed by CT neck/chest/abdo/pelvis with and without contrast



- INDICATION Bilateral cavernous sinus mass lesions. ?Disease elsewhere.

- CONCLUSION Apart from enlargement of the right lobe of the thyroid which is likely due to multinodular goitre, no other abnormalities are seen.

# And More Tests..



- serum ACE
- HbA1c
- ANA
- ANCA
- Immunoglobulins
- Serum electrophoresis
- crp

# ORL came to visit

- Plans made for trans-sphenoidal biopsy
- Patient not keen….
- Symptoms largely settled so discharged pending plans for biopsy.

# Results reviewed

- Short synacthen test.

- Cortisol 238 - 882

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- Thyroid Function Tests
  - T4 14.4
  - TSH 1.9

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  - Cortisol 238 – 882

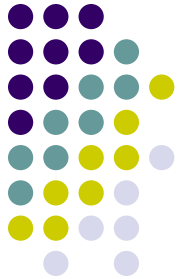
- Thyroid Function Tests
  - T4 14.4
  - TSH 1.9

  Gonadotrophins
  - FSH 1.9
  - LH 0.5

# Results reviewed

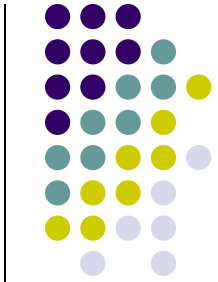
- Prolactin
  - 41,000

# Management of Hyperprolactinaemia/Prolactinoma



- Medical
- Surgical

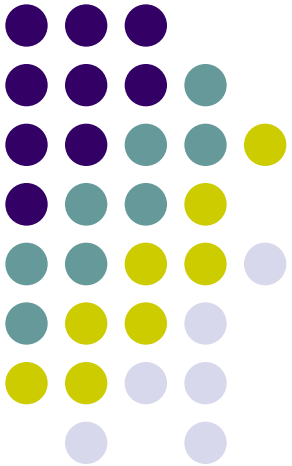
# At Follow-up



- Prolactin 3132 on cabergoline ½ tablet twice weekly
- Symptoms of visual disturbance have resolved

# Mrs R. A.

An inflammatory illness of some sort …



# 78 yr old woman with a hx of

- Insulin requiring type 2 diabetes with renal disease, peripheral neuropathy and retinopathy
- Hypertension
- Coronary artery disease
- Dyspipdaemia
- Spinal stenosis of the lumbar spine
- Severe hypertensive heart disease with previous outflow obstruction

# Presents with..

- Lower abdominal pain
- Bilateral thigh pain
- lethargy
- Peripheral oedema

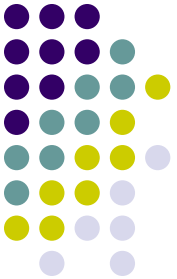
# Test results

- Hb 77
- Hct 0.26
- Platelets 606
- WBC 12.7
- ESR 138
- Crp 73
- Iron 7

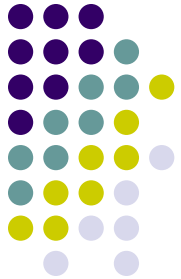
# Medication:

- Aspirin 100mg
- Atorvastatin 20mg
- Metoprolol 95mg
- Paracetamol 1gm qid
- Domperidone 10mg bd
- Omeprazole 40 mg daily
- Gabapentin 300mg tds
- Methadone
- Docusate
- Cilazapril 1mg bd
- Frusemide 80mg daily
- Penmix 30 12 and 10 units

# Differential for bilateral leg pain



# Differential for anaemia



# Management of Steroids