

# PITUITARY TUMORS AND PYRAMIDAL SYNDROME

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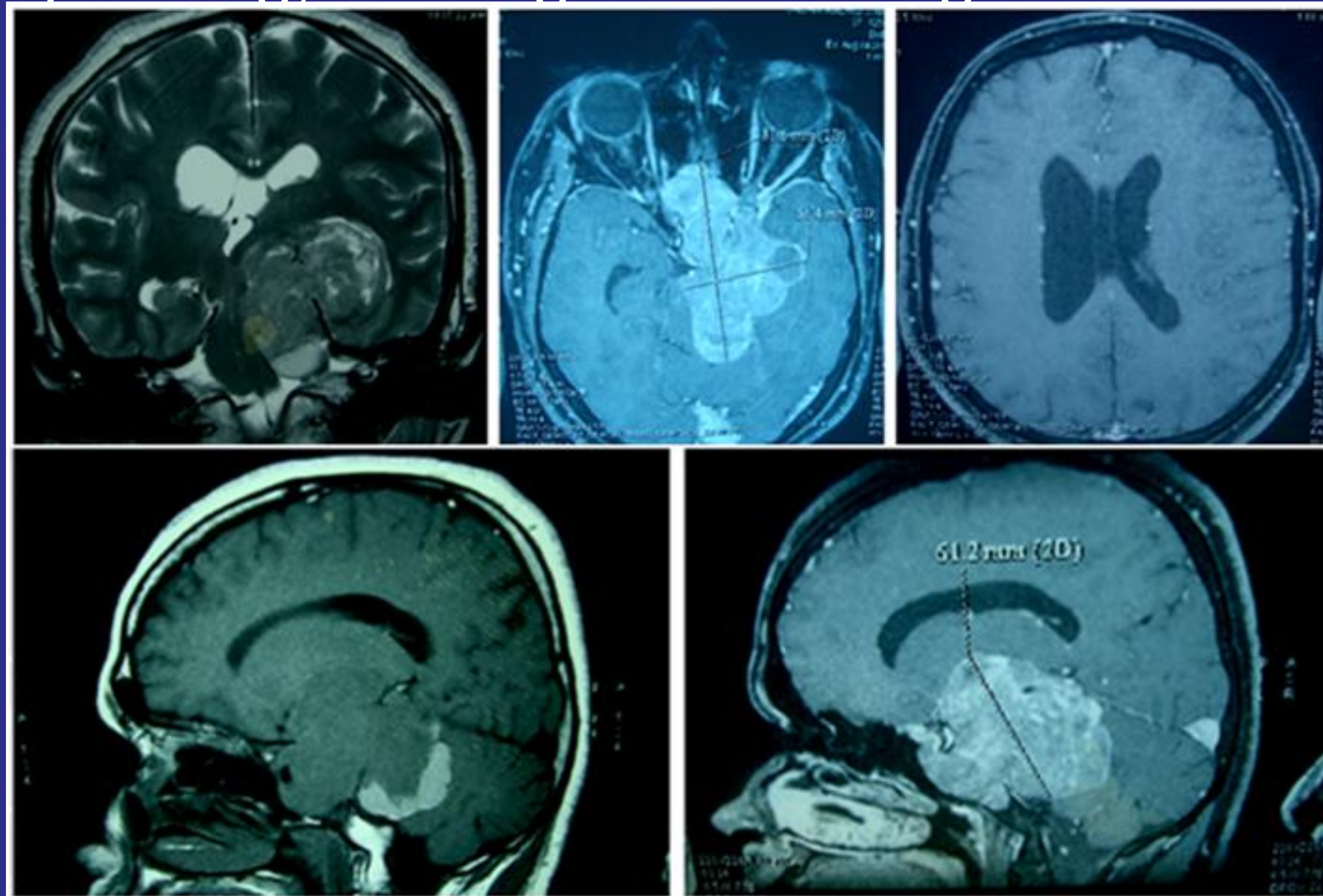
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## INTRODUCTION

Giant pituitary tumors ( $\geq 4\text{cm}$  in diameter) are more frequent in men. Their main manifestations are headaches with sexual and visual troubles. But, sometimes they can have severe neurological complications such as psychiatric troubles, hydrocephalus, memory troubles, meningitis, and epilepsy. To our best knowledge pyramidal and cerebellar syndromes are exceptional.

Our aim was to describe two men with giant PT associated with pyramidal syndrome with or without the cerebellar one.

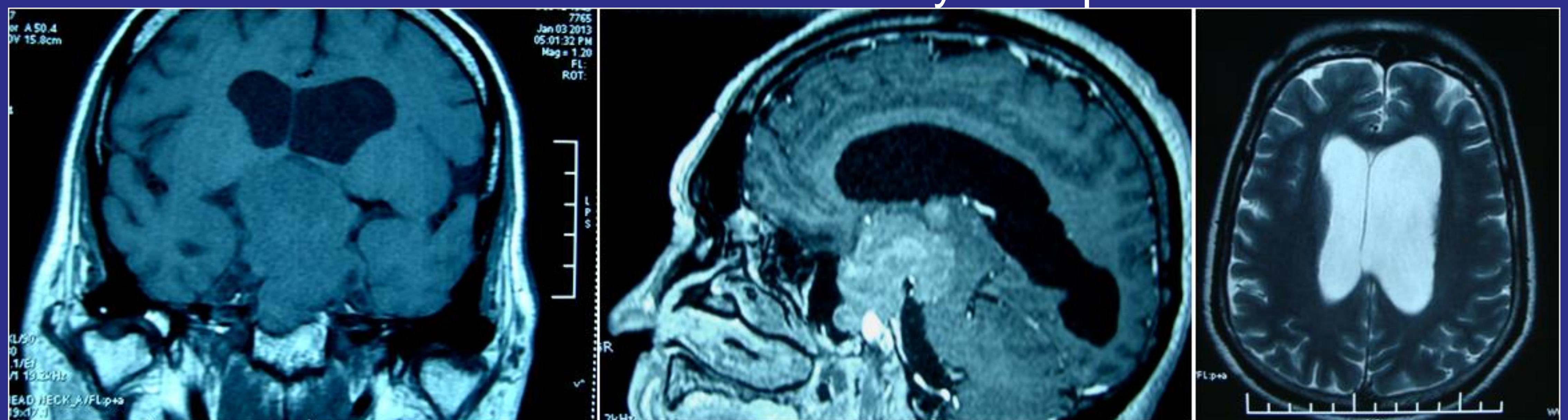
**Case 1:** A 38 years old man was sent for a large prolactinoma infiltrating the cerebellum [Prolactin=376ng/ml, tumor size= 61x50x81mm (height, transversal and antero posterior diameter)] with gonadal deficit and uncommon neurological signs such as right central facial paralysis, tetra paresis, dysarthria and static and kinetic cerebellar syndrome. Neurological symptoms and signs which began one year ago disappeared miraculously two weeks after bromocriptine intake and reduction in the tumor size. He is now speaking, walking and working without any problem.



Huge multi directional tumor with hydrocephaly and compression of the cerebellum and cerebellar trunk.



**Case 2:** A man aged 63 suffering from tetra paresis and recent vomiting, was sent to our department for a non functioning PT (42x35x60) with hydrocephaly. On clinical examination apart from pituitary insufficiency he had central left facial paralysis and tetra paresis predominating on the right side and all other features of pyramidal syndrome. Cerebral MRI showed a multidirectional tumor with hydrocephalus and invasion of cerebral trunk.



## CONCLUSION

Both pituitary tumors have an important invasion of the brainstem ± the cerebellum which explain pyramidal ± cerebellar syndrome. Those tumors need to be recognized as they are life threatening.