Marques et al. report a five-generation kindred with two brothers with pituitary gigantism due to AIP mutation-positive GH secreting pituitary neuroendocrine tumors and their first-cousin coincidently also having gigantism due to Marfan syndrome [1].

2015

A 37-year-old woman has presented with complaints of headache, amenorrhea and acromegaly.

Her laboratory studies showed markedly elevated levels of Insulin like Growth Factor 1 (IGF-1), and low levels of follicle-stimulating hormone and luteinizing hormone. Computerized tomography has revealed a pituitary tumor without extra-sellar extension. The tumor has completely excised via Endoscopic transsphenoidal approach. Histologically, the tumor has diagnosed as a pituitary neuroendocrine tumor with GH positive cells. The serum IGF1 levels have gradually decreased to the normal range and the patient was symptom free for three and a half years when she has returned with complaint of visual impairment. The brain MRI that time has shown a supra-sellar mass growing independently into the remaining sellar part. Subsequently, surgical operation has performed via trans-nasal endoscopic approach. Histopathological and immunohistochemistry examination have revealed a rare case of growth hormone producing pituitary neuroendocrine tumor with brain invasion and lymphocytic infiltration.

The aim of this publication was to present a rare case of growth hormone producing pituitary neuroendocrine tumor with brain invasion and lymphocytic infiltration [2].

1)
Marques P, Collier D, Barkan A, Korbonits M. Coexisting pituitary and non-pituitary gigantism in the same family. Clin Endocrinol (Oxf). 2018 Sep 17. doi: 10.1111/cen.13852. [Epub ahead of print] PubMed PMID: 30223298.
2)
Bidari-Zerehpoosh F, Sharifi G, Novin K, Mortazavi N. Invasive Growth Hormone Producing pituitary neuroendocrine tumor With Lymphocytic Infiltration: A Case Report and Literature Review. Iran J Cancer Prev. 2015 Dec;8(6):e3504. Epub 2015 Dec 23. PubMed PMID: 26855718.