

PS1.185

A must in family medicine: long-term symptoms overview

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Case description: 37-year-old male with polydipsia (up to 7 liters/day) and polyuria 4-6 months ago. He's been treated for anxiety the last two years. Impotence attributed to anxiety. for suspected diabetes mellitus it is performed an analysis: Glucose 80mg/dL, HbA1c 5.4% Leukocytes 16.4K/mL; Neutrophils 11.3K/mL; Lymphocytes 3.66K/mL; The rest is normal. He's referred to an Endocrinologist for Diabetes Insipidus study. Liquids supression test with desmopressin is negative, so endocrinology discards the diagnosis of primary polydipsia.

Sent to Haematology for persistent neutrophilic leukocytosis and monocytosis, performed Thorax Xray, abdominal ultrasound, complete chemical and haematology analysis, peripheral blood smear and complete serology are normal, so Hematology dismiss pathology in his field.

Two years later, he has partially improved polydipsia, but now begins with episodes of disconnection seconds long that are attributed to anxiety.

Suddenly, he presents loss of consciousness and tonic-clonic convulsions for 2 minutes, with spontaneous eye opening without fixating or vocalization. 40 minutes after, he starts talking and progressive temporal-spatial orientation.

Neurological examination after episode: no pathology signs. Cranium CT scan: space occupying lesion 6,6x4.x5cm. MRI w/contrast: Pituitary Sellar Macroadenoma

Final diagnosis: Invasive Macroprolactinoma.

Differential diagnosis:

- Diabetes: mellitus/insipidus
- Primary Polidypsia
- Anxiety with conversive phenomenon
- Primary CNS neoplasms
- Metastasis

Conclusions: Prolactinomas are adenypophysis tumors producing prolactin. More common under 40 years-old individuals, are five times less common in men. In men, hyperprolactinemia may not cause symptoms or cause gynecomastia, decreased libido, impotence, headaches or visual disturbances. When these symptoms are not recognized, the tumor grows causing compression symptoms (hypogonadism, hypothyroidism, adrenal insufficiency). Family physician should provide the overview of the patient's symptoms to guide us to the proper diagnosis.

Keywords: prolactinoma, polyuria, polydipsia