中文題目:下視丘視神經膠細胞瘤以低血鈉為初始表現

英文題目: Hyponatremia as the first presentation of optic-hypothalamic glioma

作　　者: 陳亨翔[1]王奕淳[2]余麗嬌[3]洪思群[2]

服務單位: 台北慈濟醫院內科部[1], 台北慈濟醫院內科部腎臟科[2], 台北慈濟醫院內科部新陳代謝科[3]

A 63-year-old woman led a healthy life before. She came to our hospital due to general malaise and headache for 3 days. Hyponatremia (Na:116 mmol/L) was noted at arrival and hypertonic saline (3% NaCl) was given slowly. The follow-up sodium level gradually improved to 129 mmol/L and her symptoms gradually improved 3 days later.

The thyroid and adrenal function were checked for her hyponatremia. The laboratory results showed low free T4 level, low TSH, low cortisol and normal ACTH level (free T4: 0.70 ng/dL; TSH: 2.353 uIU/mL; cortisol: 0.88 ug/dL; ACTH: 9.3 pg/mL). These findings supported the hypothesis of pan-hypopituitary syndrome.

Therefore, this patient received blood test of pituitary function. Serum growth hormone (IGF-1), sex hormone (FSH, LH, estrogen, testosterone) were all in normal range but hyperprolactinemia (PRL: 126.85 ng/mL) was found. Furthermore, the contrast-enhanced MRI revealed an abnormal well-enhanced mass in the optic chiasm and adjacent hypothalamus (16x9 mm seen in the sagittal images, and 12x8.5 mm in the coronal images). An optico-hypothalamus glioma was impressed radiologically. There was no hemianopsia or noticeable visual field defect by a visual field examination.

During hospitalization, she received hormone therapy with thyroxine, cortisone and long-acting dopamine receptor agonist (cabergoline). After her condition became stable, she was referred to a neurosurgeon for further surgical management.