

Granular cell tumor (GCT) mimicking a nonsecreting anterior pituitary adenoma

Tumor de células granulares (TCG) mimetizando um adenoma hipofisário não produtor

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A 33-year-old male with right eye amaurosis and pan-hypopituitarism previously submitted to surgery and radiotherapy was admitted with a presumptive recurrence of a nonsecreting pituitary macroadenoma (the first diagnosis, in another service). Magnetic Resonance Imaging (MRI) confirmed an expansive solid isointense lesion in the posterior region of the sella with suprasellar component

(Figure 1). After a new surgery, histological revealed granular cell tumor (GCT) (Figure 2).

GCT of the CNS is rare¹. This report emphasizes the importance of this differential diagnosis in preoperative for solid lesions with suprasellar component, homogeneous enhancement, and hyperattenuated on CT since they are more vascular and tend to bleed more than macroadenomas².

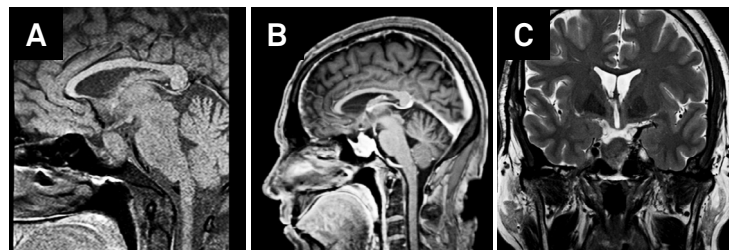


Figure 1. Sagittal T1-weighted MRI showing a circumscribed sellar/suprasellar mass (A) with homogeneous contrast enhancement (B). The lesion is predominantly hypointense on T2-weighted image (C, coronal). In all the images, there was absence of the normal pituitary bright spot.

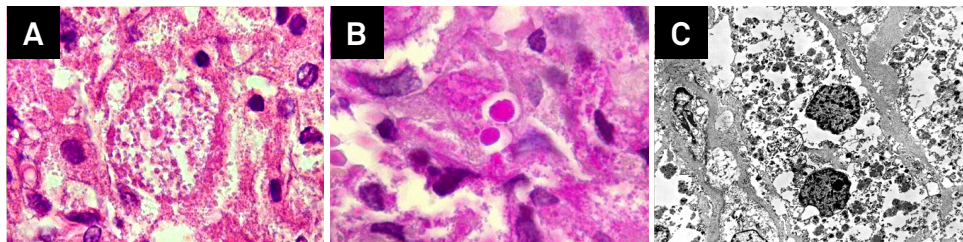


Figure 2. In the first surgical sample, the lesion showed morphological features essentially similar to those observed in the second specimen. Cells with cytoplasmic granules (A; Hematoxylin-eosin), which do not contain glycogen (B; Periodic Acid-Schiff with diastase digestion) and correspond to lysosomes (C: electron microscopy). In the first surgical sample, the lesion showed morphological features essentially similar to those observed in the second specimen.

References

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