Intrasellar Neurosarcoidosis with Suprasellar Extension

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This 68-year-old patient presented with a 12-month history of frontal headaches with progressive visual difficulty. She was treated for thoracic sarcoidosis 6-year previously without neurologic involvement. Right temporal hemianopsia and ipsilateral optic neuropathy was found without any other neurologic deficits. MRI showed an intrasellar mass with suprasellar extension and chiasma compression (arrows) (Picture 1A-C). The lesion was isointense on T1WI and hyperintense on T2WI with uniform Gadolinium enhancement mimicking a meningioma. Endocrine studies revealed hyperprolactinemia of 40 ng/mL (normal, <25 ng/mL) with hypocortisolemia of 36 nmol/L (normal, 171-536 nmol/L). There was no systemic disease or symptoms of diabetes insipidus. A firm-fibrous mass was excised through a transsphenoidal approach. Histologically, pseudomeningiomatous neurosarcoidosis was diagnosed. A corticosteroid therapy was used with clinical improvement.

Central nervous system sarcoidosis is uncommon and usually presents as diffuse granulomatous meningitis (1, 2). A pseudotumoral lesion is rare and represents a diagnostic challenge in the absence of systemic involvement (1, 3). It’s important to include pseudotumoral neurosarcoidosis in the differential diagnosis with skull-base meningioma and sellar tumors because aggressive surgical resection is not indicated.

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References


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