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Idiopathic granulomatous hypophysitis: Comments and a disease registry



Dear Professor Kaye,

We read with great interest a case report entitled “Idiopathic granulomatous hypophysitis presenting as pituitary apoplexy” by Husain and his colleagues published in the March 2014 edition of the *Journal of Clinical Neuroscience* [1].

The authors should be congratulated on a thorough exclusion of the secondary causes of granulomatous hypophysitis, which are multiple and varied.

We have recently conducted a systematic review of cases of idiopathic granulomatous hypophysitis (IGH) reported in the literature [2]. One of our major findings was that the exclusion of secondary causes, particularly tuberculosis, was very poorly conducted and reported in the vast majority of cases – an unsatisfactory situation that does a disservice to patients who may have improved outcomes if the aetiology of their pituitary disease is better characterised.

During the course of our analysis of all 82 cases of IGH reported in the literature we found a case featuring apoplexy from 1984, and believe this earlier case represents the first case report of IGH resulting in apoplexy. Ludmerer and Kissane edited a clinicopathologic conference report published in *The American Journal of Medicine* regarding a patient who “had most of the neurologic symptoms associated with pituitary apoplexy” and was found on clinical and pathological investigation to have IGH [3]. It should be noted that neither the case reported by Husain *et al.* nor the case reported by Ludmerer and Kissane demonstrated haemorrhage on histological examination, which is a well-documented accompaniment to pituitary apoplexy associated with adenoma [4,5].

We write also to draw the attention of your readers to an associated online granulomatous hypophysitis registry we have established to help facilitate systematic data collection regarding this rare condition. This is available at www.granulomatoushypophysitis.org – we would be very grateful to any clinicians who could spare the time to enter case details here.

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