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Hypothalamic hypogonadism: First clinical manifestation in a patient with neurosarcoidosis: A case report

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Neurosarcoidosis (NS) is seen in 5–16% of patients with sarcoidosis. Hypothalamic pituitary sarcoidosis occurs in less than 10% of patients with neurosarcoidosis and continues to present challenges both in diagnosis and management. A 32-year-old Caucasian male found to have hypothalamic hypogonadism. The patient was diagnosed with NS 6 months after the initial diagnosis of hypogonadism, when he presented with transient facial droop and slurred speech. MRI brain showed extensive nodular leptomeningeal enhancement with solid 9 mm enhancement within the hypothalamus representing granuloma. Patient was also found to have evidence of pulmonary sarcoidosis with prominent perihilar lymph node enlargement. Subsequent biopsy of the lymph node revealed epithelioid histiocytes consistent with granuloma formation. Patient was started on steroids and follow up MRI showed decreasing size of the hypothalamic granuloma along with decreasing leptomeningeal enhancement. However, the hypothalamic dysfunction didn't improve with the steroids. The diagnosis of NS is often difficult due to varied clinical presentation and low sensitivity of the ancillary investigations. Early diagnosis might be useful for reversing the hypothalamic pituitary dysfunction.

Biography

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