not observed. CT showed an enhancing 7-8 mm mass in the right posterior part of the sella turcica. A pituitary abscess was suspected and operation was performed.

Transphenoidal exploration showed that the mucous membrane of the sphenoid sinus was thickened with necrotic zones in its right posterior portion. The sellar floor was very thin, the capsule of the mass in the sella was incised and yellow purulent material exuded. Cultures of the purulent material were sterile, but Staphylococcus epidermidis was found in the mucosa of the sphenoid. Histological examination of the tissue removed failed to show evidence of an adenoma or other tumour tissue. The sphenoidal mucous membrane was covered by a ciliated columnar epithelium with calciform cells. The underlying chorion was very oedematous, and intensely infiltrated by lympho-monocytic cells (fig 1). A fragment of the sella mass showed an organised conjunctivo-vascular tissue surrounding a central cavity (fig 2), infiltrated by lympho-monocytic cells and polynuclears. Another fragment showed necrotic cells with polynuclears, red cells and fibrin deposition. The histopathological diagnosis was compatible with a non-specific chronic sphenoidal sinusitis and an organised pituitary abscess.

Antibiotics and corticosteroid replacement therapy was started, she recovered rapidly; her headaches disappeared gradually and two years after surgery, there has been no recurrence of her symptoms.

Domingué and Wilson reported seven cases of pituitary abscess and reviewed the 50 previously described cases, since the first description by Simmonds. Only 29 of these cases had adequate clinical details. Thirteen more cases have been reported by several investigators. Six of those 42 patients had recurrent episodes of purulent or aseptic meningitis. Zorub et al drew attention to the clinical clues that should lead to suspicion of the diagnosis before operation: meningeal signs, fever, blood and CSF leucocytosis. Suspicion of the diagnosis before operation should lead to appropriate antibiotic therapy and the use of a transphenoidal approach, to avoid contamination of the intracranial compartment. The mortality rate of patients who develop meningitis is quite high (45%).

Our patient had no associated adenoma or tumour, as reported in several instances (10 cases reviewed). No evidence for an infiltrative lesion (leukaemia, lymphoma, sarcomiosis, granuloma) was found. The purulent material was sterile, that was also the case in 50%, of previous reports. However, cultures for anaerobics were not usually performed. The pathogenesis of the abscesses in our patient remains unclear. Chronic sphenoidal sinusitis might have been responsible, but it is not easy to decide if the pituitary abscess was primary or secondary to the presence of sinusitis. Purulent sphenoidal sinusitis can spread to the sphenoid, sometimes with osteomyelitis, sometimes with thrombo-phlebitis of the cavernous sinus and meningitis. A pituitary abscess may also arise by septic metastasis from a remote source of infection.

This case illustrates that the diagnosis of pituitary abscess should be suspected when progressive panhypopituitarism is associated with recurrent episodes of meningitis and an eroded or enlarged sella. We suggest that skull radiographs should always be obtained when meningitis is established, especially in recurrent episodes.

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Transplantation and organ donation are essential in modern medicine. They allow for the treatment of numerous medical conditions and save lives. However, there are several ethical considerations that must be addressed when discussing organ transplantation.

The most common ethical considerations involve donation after cardiac death (DCD) and donation after brain death (DBD). DCD involves donation from a patient who has suffered a cardiac arrest and has been declared brain dead. DBD involves donation from a patient who has suffered a severe brain injury and is declared brain dead. Both methods have their own unique ethical implications that must be considered when making decisions about donation.

Transplantation can be a life-saving procedure for patients with end-stage organ failure. However, it is not without its risks and complications. Patients undergoing transplantation may experience complications such as transplant rejection, infection, and organ failure. In some cases, the patient may not survive the operation. These risks must be carefully considered when evaluating the potential benefits of transplantation.

In summary, organ transplantation is a valuable medical procedure that can save lives. However, it is important to carefully consider the ethical implications and potential risks associated with this procedure. Only after careful evaluation and consideration of these factors can we make informed decisions about organ transplantation.

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Letters to the editor


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