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god

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Introduction

mota

Research Ques & Method

test

Results & Discussion

male

shit

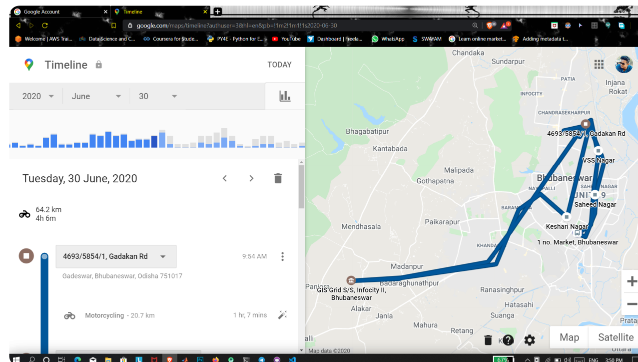

Figure 1

test1

Conclusion

Brest

	PATIENT VALUE	REFERENCE RANGE
TSH	0.1μIU/mL?	0.42-4.2μIU/mL
FreeT4	0.5ng/dL?	0.8-1.8ng/dL
Prolactin	20.423ng/mL	3.8–23 ng/mL
FSH	2.76mIU/mL	2.5-16.7 mIU/mL
LH	0.1mIU/mL?	0.6–56mIU/mL
Sr.Cortisol(PM)	0.8μg/dL?	2.9–17.3 μg/dL
Sr.ACE	45.9	12–68U/L

IgG4-related hypophysitis is a rare but increasingly recognized inflammatory pituitary disorder with few cases reported previously. The clinical presentation is not very classical and similar to that for other inflammatory conditions of the pituitary. Imaging is not definitive and very similar to pituitary adenomas. Biopsy is confirmatory but considering the risks involved in a transsphenoidal biopsy or resection, it is important to identify and diagnose the inflammatory conditions so as to avoid invasive diagnostic procedures as well as to avoid long-term hormone replacement therapies. This relies on recognition of imaging patterns and clinical features, and having knowledge of alternative ways to confirm the diagnosis. As in this case, we avoided a biopsy with timely diagnosis, positive serology and early intervention.[3.4.5.6]

Diagnosis was confirmed as she responded well to glucocorticoids as reflected in follow up scans.

References

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