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Ectopic Prolactinoma Presenting as Bacterial Meningitis: A Diagnostic Conundrum

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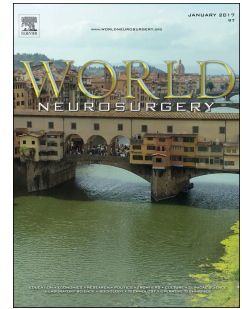
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1 **Abstract**

2 **Introduction:** Prolactinomas may rarely present with meningitis and cerebrospinal fluid (CSF)
3 rhinorrhea secondary to erosion of the wall of the sella turcica. It is even more un-common for
4 this abnormal communication to be caused by an ectopic prolactinoma arising from the
5 sphenoid sinus and eroding into the sella. This atypical growth pattern makes diagnosis very
6 difficult, as there may be no displacement of the normal pituitary gland. The authors present
7 the first reported case of a patient with an ectopic prolactinoma presenting primarily with
8 meningitis, and discuss the management strategy as well as surgical and non-surgical treatment
9 options for these patients.

10 **Case Report:** A 48-year-old woman presented with confusion, low-pressure headache, and
11 fever. A lumbar puncture revealed Streptococcus pneumonia meningitis and she was placed on
12 penicillin G. After initiation of antibiotics, she noticed salty tasting post-nasal fluid leakage.
13 Imaging was remarkable for bony erosion of the sphenoid sinus wall by a soft tissue mass
14 growing from within the sinus, with no disruption of the normal pituitary gland. We then
15 performed a biopsy with an endoscopic transnasal transsphenoidal (TNTS) approach and
16 repaired the CSF leak with a pedicled nasoseptal flap. The final pathology was prolactinoma and
17 she was placed on cabergoline.

18 **Discussion:** Ectopic prolactinomas may rarely present as meningitis secondary to retrograde
19 transmission of bacteria through a bony defect in the sphenoid sinus, and must be included in
20 the differential diagnosis of any sphenoid sinus mass. Management should first address the
21 infection, followed by surgical repair of the bony defect.

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