XXIII. DISEASES OF THE ENDOCRINES

Chromophobe Adenoma

Pituitary gland:

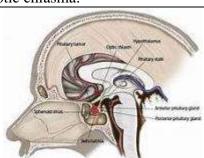
- Appears in situ in the brain.
- Is large in size
- The enlargement is chiefly in the anterior lobe
- The anterior lobe shows a nodular mass:

The mass:

- Is moderate in size
- Shows necrosis, haemorrhage and a cystic area
- Is greyish-white in colour
- Rather soft in consistence
- Pressing on the bony and membranous walls of Sella Turcica and the optic chiasma.

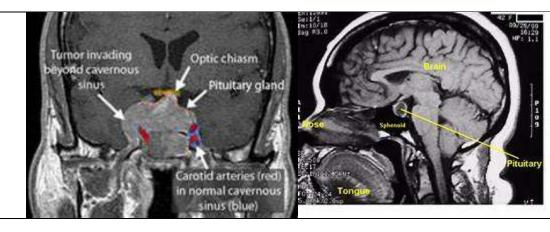






N.B.1:

- *Histological examination*, proved the mass to be a Chromophobe adenoma of the anterior lobe of the pituitary gland.
- Clinically, it showed no effect of its own but:
 - (1) Interference with the acidophil cells \rightarrow retarded growth,
 - (2) Interference with the basophil cells \rightarrow sexual infantilism and
 - (3) Pressure on the posterior pituitary (and on the hypothalamus) \rightarrow adiposity.



N.B.2:

Pituitary tumours (15% of all primary intracranial tumours):

I. Adenomata (75% of all pituitary tumours).

1. Acidophil adenoma (35% of adenomata):

Is confined to the Sella and is smaller than the Chromophobe adenoma.

It may undergo cystic degeneration.

Effects:

- Gigantism.
- Acromegaly.

2. *Basophil adenoma* (10% of adenomata):

Is very small in size.

Effects: Cushing's syndrome.

3. Chromophobe adenoma (50%):

Most common and is large in size (from 1 mm. to several centimetres).

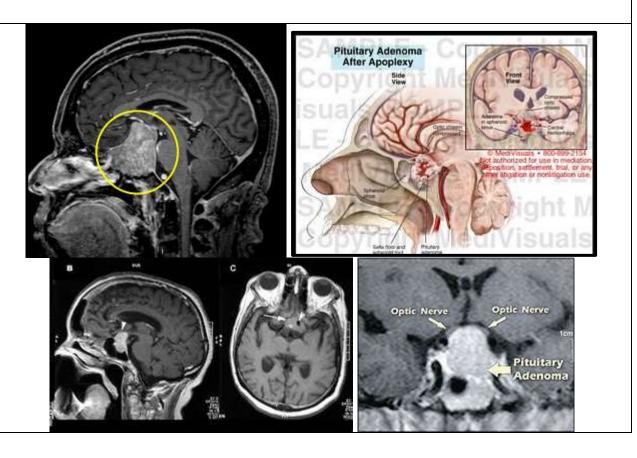
It is greyish-white, soft in consistence and with areas of degeneration, necrosis, cyst formation and haemorrhage.

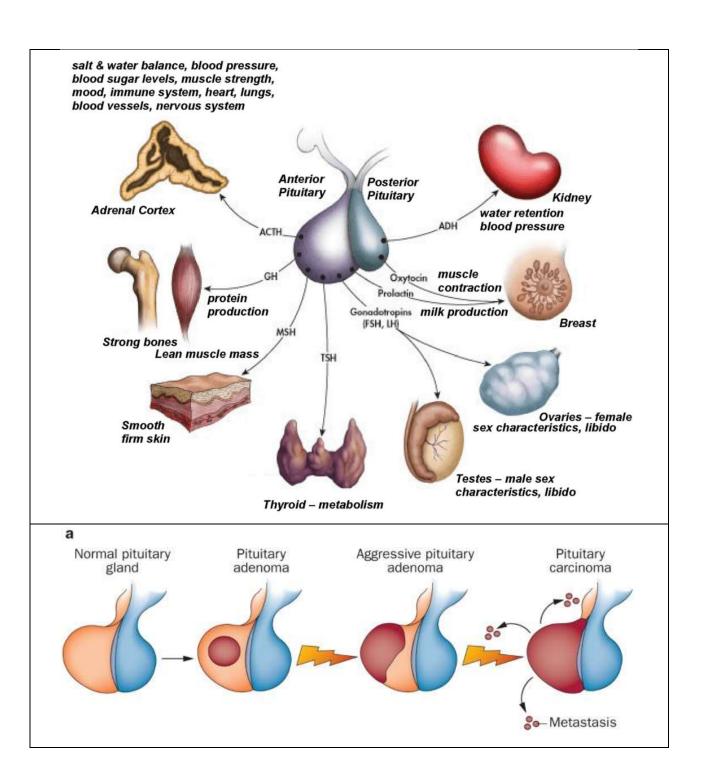
Effects:

Related to interference with (and pressure on) surrounding cells.

4. *Mixed adenoma* (5%).

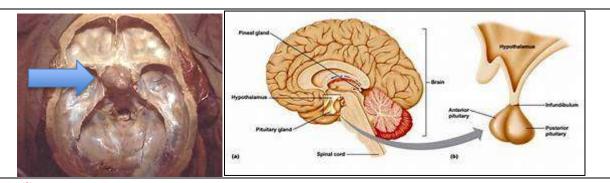
Effects: Variable.





II. Carcinoma (malignant adenoma or adenocarcinoma);

- Usually of Chromophobe cells.
- Effects:
 - o Destruction of base of skull.
 - o Bursting into Sella → Cerebro-spinal rhinorrhea.



III. Sarcoma: Is very rare.