PRIMARY OPEN-ANGLE GLAUCOMA IN A PATIENT WITH PITUITARY TUMOR

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Purpose: To report a case of primary open-angle glaucoma (POAG) with pituitary tumor

Methods: Case report.

Results: A 79-year-old male was referred to our ophthalmology department with raised intraocular pressure (IOP) of 20 mmHg in the right eye and 28 mmHg in the left eye. OPH examination revealed a pale disc with enlarged cupping. The visual field test showed lower arcuate visual defect of the left eye and a superior temporal wedge visual defect of the right eye. A provisional diagnosis of POAG was made. Within 6 months, his visual fields of the left eye had definitely progressed to a nearly total defect with a central island. Due to the rapidly deteriorating visual field, brain imaging was requested to rule out any intracranial lesion. Brain computed tomography (CT) revealed a pituitary mass with suprasellar extension, and surgery to remove the pituitary mass was performed. Since the operation, the patient has been regularly followed up at our ophthalmology department.

Conclusion: POAG is generally a slowly progressive disease. Any patient with optic disc excavation and an atypical finding such as rapid visual loss and temporal visual defect should have a neuroimaging study arranged, regardless of the IOP.

Keywords: primary open-angle glaucoma, pituitary tumor

INTRODUCTION

Primary open-angle glaucoma (POAG) is characterized as a chronic, slowly progressive optic neuropathy with characteristic patterns of optic nerve damage and visual field loss. It is known that chiasmal lesions can mimic both glaucomatous disc cupping and visual field defects. Features such as bitemporal field loss, optic disc pallor and poor correlation between disc and visual field defects should alert the clinician to the possibility of an intracranial mass. It was reported that 6.5% of normal tension glaucoma patients have clinically relevant intracranial compressive lesions involving

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