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***Central Diabetes Insipidus in a patient with Pituitary Macroadenoma status post Trans-sphenoidal Resection, complicated by Nephrogenic Diabetes Insipidus due to Chronic Lithium use***

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59-year-old female with PMH of Bipolar disorder and Pituitary macroadenoma presented to the ER yesterday for worsening Headache associated with nausea, vomiting and double vision. Detailed imaging of the pituitary gland demonstrated a hypo enhancing sellar and suprasellar mass extending asymmetric to the right, appears to fill and expand the right cavernous sinus. This was associated with T2 hypo intensity. The hypo enhancing mass measured around 2.9 cm AP by 2.7 cm transverse by 3.5 cm CC, previously 2.9×2.4×3.1 cm. Of note, she was found to have this pituitary macroadenoma non-functional on prior testing. Important to note that she had history of bipolar disorder and it was refractory to many medications and was started on Lithium 10 months prior to this presentation. She underwent Image Guided Endoscopic Trans nasal Transsphenoidal Resection of Pituitary Tumor with reconstruction with Nasoseptal Flap, Lumbar Drain Placement, and Injection of Intrathecal Fluorescein Dye. Her post-operative course was complicated by Central DI and was started on DDAVP treatment. Eventually she developed Panhypopituitarism and needed Levothyroxine and Hydrocortisone replacement therapy. She had a prolonged hospital course due to post-surgical meningitis resulting in fever and encephalopathy. She had persistent hypernatremia and lithium was discontinued given the fact she was found to be in Nephrogenic DI and her hypernatremia requiring intravenous D5 water fluid treatment for a brief period.

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