Coexistence of Sunct Syndrome and pituitary tumor: A possible association to be recognized

Coexistência entre Cefaleia do tipo SUNCT e tumor pituitário: Uma associação que deve ser reconhecida

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A 46-year-old woman reported headache with migraine without aura and SUNCT symptoms. A previous diagnosis of pituitary macroadenoma was confirmed with MR and an increased prolactin. Cabergoline was started with improvement of symptoms. An imaging follow-up showed a reduction of the macroadenoma (Figure 1). Pituitary adenoma is a intracranial tumor that has been reported in about 8% of patients with SUNCT. Dural stretch and hormonal dysfunction are possible mechanisms for this association. The fact that tumor and SUNCT were ipsilateral and that headache improved after cabergoline may suggest an association between these entities, supporting MR investigation when this type of headache is diagnosed.

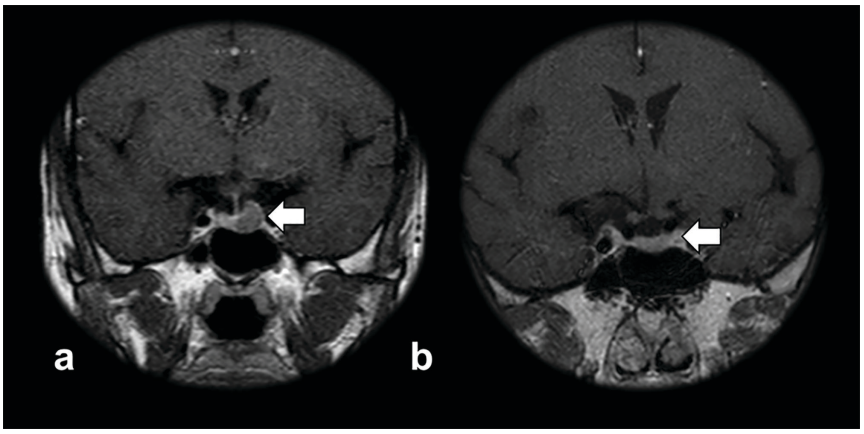

Figure 1. Pituitary MRI, coronal post-gadolinium T1-weighted sequence (a) demonstrate a rounded region of delayed enhancement in the left pituitary compared to the rest of the gland, compatible with adenoma. (b) Imaging follow-up showed a significant reduction of the lesion.

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