INTRODUCTION:
- Pituitary apoplexy is acute haemorrhage and/or infarction of the pituitary
- It is a rare cause of acute headache
- It is a medical and ophthalmologic emergency

METHODS:
- Retrospective case note review
- 6 patients presenting to Forth Valley Royal Hospital
- 5 year period

RESULTS:
- The presenting symptoms included headache, visual disturbance, vomiting and meningism.
- All 6 patients had abnormalities in their anterior pituitary function testing.
- The age range was 41 to 74 years.
- 5 patients were male and one was female.
- One patient was pregnant and one was on warfarin, both known precipitating factors.
- A previously undiagnosed pituitary adenoma was present in all 6 patients.
- All 6 patients had a CT and then a MRI.
- One CT scan and one MRI were initially incorrectly reported as having no pituitary abnormality.

LEARNING POINT 1:
- These cases reflect the common presenting symptoms
- 80% have a hormonal abnormality at the time of presentation

LEARNING POINT 2:
- PA often occurs in patients with no clear precipitating factors
- A high index of suspicion is required for diagnosis

LEARNING POINT 3:
- MRI identifies the diagnosis in 90% of patients (compared to 28% for CT)\(^1\).
- Review of pituitary should be specifically requested
- There should be a low threshold for further referral to the neuroradiology team.

LEARNING POINT 4:
- Conservative management in a DGH with close monitoring is an acceptable treatment option in patients with no/mild visual impairment and a stable GCS.