

Clinical Image

Imaging Preceding Clinical Suspicion: A Single Central Incisor in a Case of Hypopituitarism

Newfield RS and Laurenzano S*

Division of Pediatric Endocrinology, UCSD/Rady Children's Hospital, USA

***Corresponding author:** Laurenzano S, Division of Pediatric Endocrinology, UCSD/Rady Children's Hospital, San Diego, CA, USA**Received:** April 29, 2018; **Accepted:** May 22, 2018;**Published:** May 29, 2018

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A female infant born at 34 and 5/7 weeks gestation with mild hypoxic ischemic encephalopathy had bilateral pyriform aperture stenosis requiring tracheostomy and G-tube. She was transferred from an outside facility, where CT imaging of her pyriform aperture stenosis reported a solitary central maxillary incisor. An MRI of the brain done at our facility confirm a single central incisor, shown in Figure 1, and revealed hypoplasia of the optic apparatus, infundibulum, pituitary gland and sella, shown in Figure 2. Length corrected for prematurity was at the 2.5 percentile. While not presenting with hypoglycemia, her endocrine evaluation revealed multiple pituitary deficiencies with low growth hormone, IGF-1, thyroid hormone, and cortisol. It was the imaging studies that triggered a pituitary evaluation at age 2 months, and not her mild short stature. This case highlights the importance of evaluating for pituitary hormone deficiencies in patients seen to have a single central incisor, even if asymptomatic.

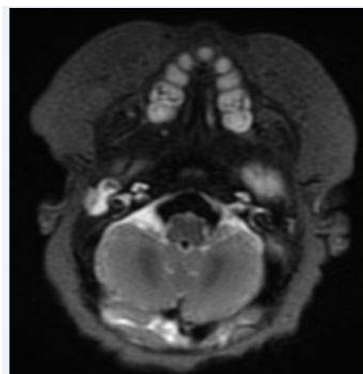


Figure 1:

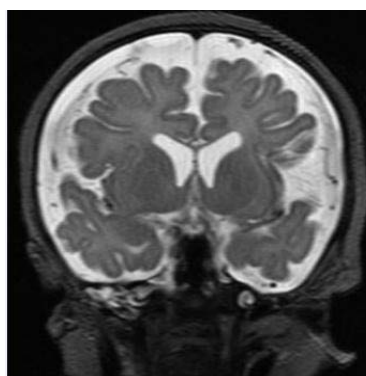


Figure 2: