

# Panhypopituitarism due to Pituitary Cyst of Rathke's Cleft Origin —Two Case Reports

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## Abstract

**Introduction:** Rathke's cleft cysts are cystic sellar and suprasellar lesions, characteristically lined by a single layer of ciliated cuboidal or columnar epithelium. **Clinical Picture:** We report 2 patients who presented with gastrointestinal symptoms and were initially investigated for dyspepsia. However, attention was subsequently drawn to persistent hyponatraemia that led to the diagnosis of panhypopituitarism due to Rathke's cleft cyst. **Treatment:** Transsphenoidal surgery followed by drainage of the cyst and partial excision of the cyst wall in both patients. **Outcome:** No recurrence of the lesions over a mean follow-up of 16 months. There has been an improvement of the hypothalamo-pituitary-adrenal axis in 1 patient and the hypothalamo-pituitary-thyroid axis and visual fields in the other. **Conclusion:** Symptomatic Rathke's cleft cysts are rare and can occasionally cause panhypopituitarism. Ideal management of these cysts is unclear, but aspiration followed by partial excision of the cyst wall seems the best initial option.

*Ann Acad Med Singapore 2001; 30:651-5*

**Key words:** Cysts, Pituitary tumours, Rathke's cleft cyst

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