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# A Neuroendocrine Presentation of Sarcoidosis Not to Be Forgotten

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## INTRODUCTION

Neurosarcoidosis occurs in approximately 5% of patients with sarcoidosis. Most cases manifest as cranial mononeuropathies, peripheral neuropathies or encephalopathy. Neuroendocrine dysfunction is more rarely seen. We present a case of hypopituitarism as a manifestation of neurosarcoidosis.

## METHODS

A 64 year old male with a history of neurosarcoidosis with associated hydrocephalous and seizures presented with a transient left facial droop and encephalopathy. He was hypothermic with a temperature of 90.4F and bradycardic. Initial lab studies showed an elevated serum sodium level of 150. CT scan of the head showed no infarct and infectious workup was unremarkable. Of note, he was recently weaned off mycophenolate mofetil and was maintained on prednisone 17.5mg daily. MRI of the brain showed dural enhancement with areas of chronic ischemia. Further endocrine testing revealed low levels of the following: TSH 0.12, LH<1.2, FSH 0.6, testosterone<5, ACTH <5. Water deprivation testing was done due to persistent hypernatremia and was diagnostic for diabetes insipidus.

## RESULTS

Based on his presentation, a neurosarcoidosis flare with infiltration of the hypothalamic-pituitary axis and central dysregulation was suspected. He was started on stress dose steroids, levothyroxine, desmopressin and mycophenolate mofetil with improvement of symptoms.

## CONCLUSION

Neurosarcoidosis can present in a variety of ways; including hypothalamic disturbances in about 2-8% of patients and it is important for providers to have a high clinical suspicion in order to identify the serious hormonal disturbances associated with it. Flares of neurosarcoidosis are especially common when weaning patients off immunosuppressants, such as in this case.