

## PITUITARY APOPLEXY AND HIGH ALTITUDE

Reports such as the one by Brar and Garg<sup>(1)</sup> are useful for highlighting the uniqueness of the pathophysiology encountered at altitude. Stroke and stroke-like episodes at altitude have been described since the 19th century, suggesting an association between the two.<sup>(2)</sup> While ischaemic or thrombotic events at altitude are more commonly encountered, haemorrhagic strokes have also been reported.<sup>(3)</sup> In addition to the micro-haemorrhages found on autopsy of high-altitude cerebral oedema (HACE) victims, they may also be encountered in non-fatal HACE, with haemosiderin deposition reported in the corpus callosum on magnetic resonance imaging of individuals with a history of HACE.<sup>(4)</sup> Although the physiology of altered vascular reactivity and rheology in the context of hypobaric hypoxia is not completely understood, there seems to be little doubt about the increased risk of neurological and stroke-like events in association with ascent to altitude. The authors of this report,<sup>(1)</sup> however, could only lay claim to an association rather than causality. Headache and vomiting due to haemorrhage into the pituitary without exposure to altitude is not uncommon. As the authors pointed out, haemorrhage into small pituitary adenoma could not have been ruled out. Neurosurgical pathology can become manifest in the context of hypobaric hypoxia, such as that encountered on board an aircraft<sup>(5)</sup> or during high-altitude sojourn.<sup>(6)</sup> While there is no doubt that the diagnosis made by Drs Brar and Garg was vital in the management of their patient, the key message of the report is that of the importance of timely descent to lower altitude and transfer to a hospital with access to diagnostic facilities, in particular brain imaging, when encountering a patient with unusual or persisting neurological symptomatology at altitude.

Yours sincerely,

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## REFERENCES

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