themselves at these concentrations to cause vascular or brain necrosis.

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References

Figure. (A and B) Brain MRI, T1-weighted sequence (sagittal [A] and coronal [B] views), demonstrating a 14 × 7 × 8 mm hemorrhagic pituitary adenoma in the adenohypophysis, predominantly anterior and on the right side of the gland. Optic chiasm and suprasellar visual system appear normal.

Thunderclap headache with diplopia and anorexia
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The differential diagnosis for thunderclap headache is expanding. Aneurysmal subarachnoid hemorrhage, venous sinus thrombosis,1 artery dissection, CSF leak, and pituitary apoplexy have been associated with thunderclap headache.

A 65-year-old man had the worst headache of his life with double vision. Brain CT and CSF examination were negative. Headache and diplopia persisted for 3 days. Fatigue and loss of appetite developed. Brain MRI showed hemorrhagic pituitary adenoma (figure). Serum cortisol level was less than 1.0 mg/dL. Hydrocortisone treatment was started and anorexia resolved.

Pituitary apoplexy can present as thunderclap headache with visual disturbances.2 Brain CT is typically normal. Hypopituitarism with secondary adrenal insufficiency can result.