A 75-year-old patient presented to our clinic with a history of sudden severe headache for the last 1 day. He had no significant past medical or surgical illnesses. His neurological examination was significant only for the presence of subtle neck rigidity. His brain radio-imaging revealed a sellar lesion [Figure 1]. However, on additional vascular imaging, it turned out to be a probable superior hypophyseal artery aneurysm masquerading as a pure sellar lesion [Figure 2]. The diagnosis was explained to the patient party and the management plans were detailed. However, the relatives opted to take the patient home.

Aneurysm presenting as a pure sellar lesion is a rare entity.[1] It is therefore prudent to keep it as a differential diagnosis in any sellar pathology and evaluate it through angiography, thereby preventing catastrophic complications during their surgical management.[2]

Declaration of patient consent
The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest
There are no conflicts of interest.

REFERENCES

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