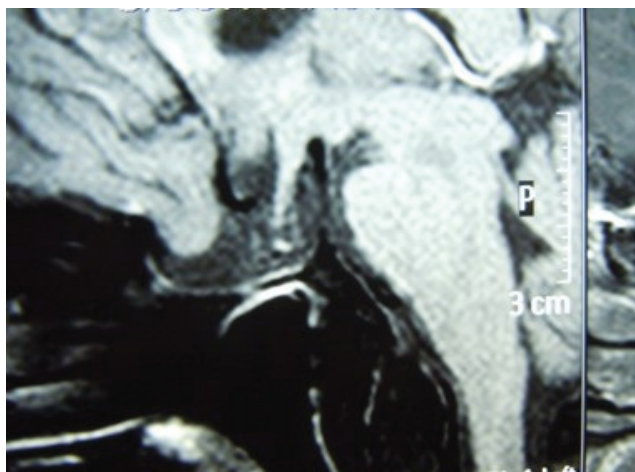


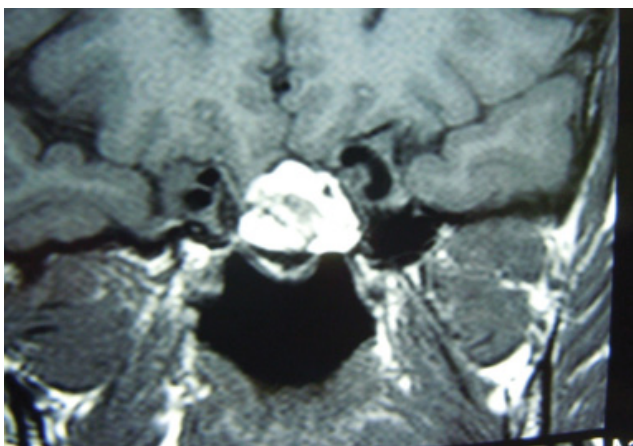
## Empty sella syndrome with herniation of gyrus rectus

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**Figure 1)** Male, 50 years old patient complains of significant alopecia and reduced libido. It reports recurrent episodes of malaise with nausea, without vomiting, associated with hypotension. In the endocrinological evaluation, low levels of testosterone and cortisol were observed. Magnetic resonance imaging revealed an empty turca sella with straight curves.



**Figure 2)** The patient underwent surgery to access the pituitary gland via transnasosphenoidal and filling the turca sella with autologous adipose tissue obtained through a small incision in the abdominal wall with subcutaneous removal

The straight curves were raised to their original position and the sella floor was redone with a bony fragment of the sphenoid face. The patient presented improvement of arterial hypotension, remaining in testosterone replacement (Figures 1 and 2) (1-3).

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