

Prolactinoma

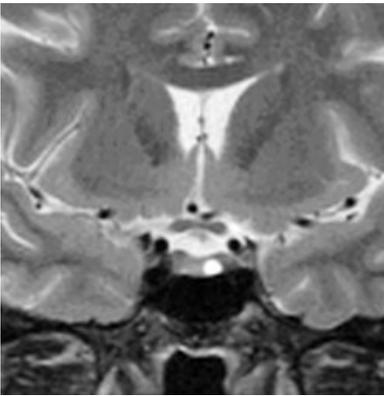
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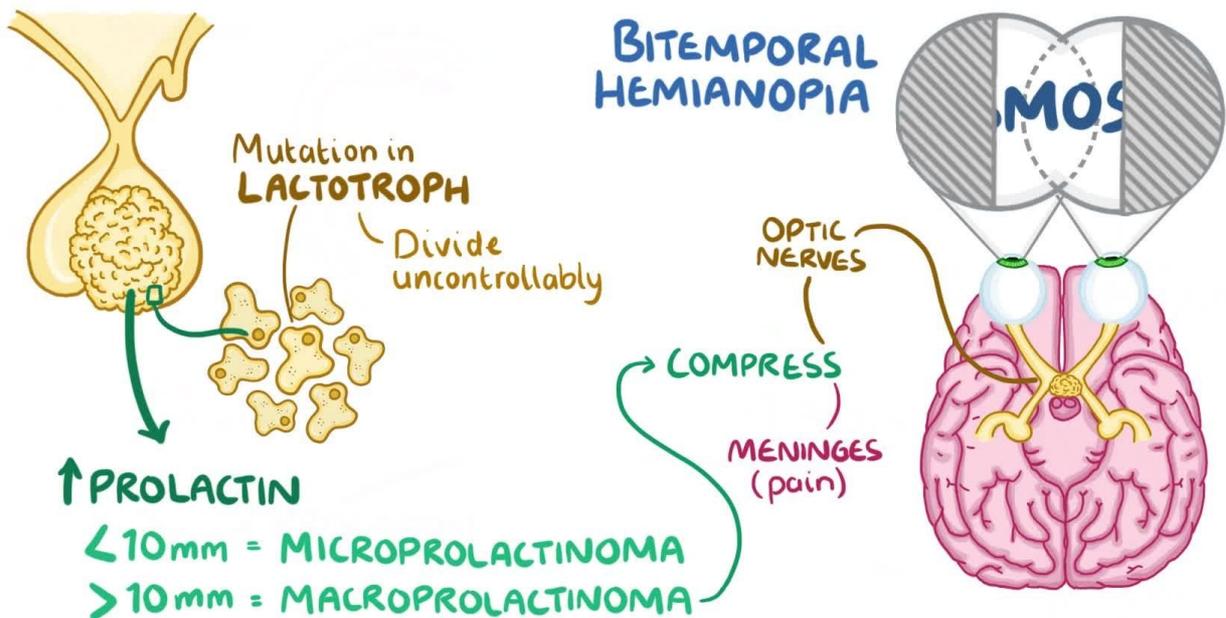
This article has been translated from WikiSkripta; ready for the **editor's review**.

Prolactinoma is one possible **pituitary adenoma**. It is a **benign** tumor whose main characteristic is an **increased** production and **level of prolactin** (hyperprolactinemia). Despite its benign nature, it can cause **serious complications**, such as intracranial hypertension or visual impairment



Symptoms of prolactinoma

PROLACTINOMAS = FUNCTIONAL TUMORS



In women:

- *galactorrhea* - excretion of breast milk outside the lactation period
- *amenorrhea* - missing menstruation in at least two cycles
- *impotence* and *infertility*

In men:

- *galactorrhea* – is usually not expressed
- *impotence*
- *decreased libido*
- due to the relatively uncharacteristic symptoms of prolactinoma in men, the development of intracranial hypertension and visual symptoms (bitemporal hemianopsia) from oppression of the chiasm opticum by the tumor often occurs

Hyperprolactinemia

An elevated prolactin level does not always indicate a prolactinoma. **Physiologically** the level can be **increased**:

- in the early hours of the morning
- during pregnancy and breastfeeding
- during exposure to various types of stress

They also increase the prolactin level

- estrogen therapy
- dopaminergic antagonist therapy

Pseudoprolactinoma

It is a **hormonally inactive pituitary adenoma**, *but its presence disrupts the hypothalamus-pituitary connection*, *thereby preventing the release of dopamine*, the natural antagonist of prolactin. **Hyperprolactinemia** will therefore occur again .

Treatment and prognosis

Ideally, **dopaminergic agonists**, which inhibit prolactin secretion, can be used to treat prolactinoma and its symptoms, but some prolactinomas are resistant to this inhibition. **The next step is surgical** treatment and **radiotherapy** (these are mainly macroadenomas with a worse prognosis and a tendency to relapse).

Patients with **microprolactinoma** (diameter < 10 mm) have **an excellent prognosis**, with 95% of tumors showing no growth after 4 to 6 years. **Macroprolactinomas** (diameter > 10 mm) often require more aggressive therapy and the prognosis of patients is very **individual**.

Links

related articles

- Hypophysis
- Examination of pituitary function
- Pituitary adenoma

References

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- NEČAS, Emanuel. *Pathological physiology of organ systems II*. 2. edition. 2009. ISBN 978-80-246-1712-1.