



GONZÁLEZ-MOLERO I, MARAVER S, GONZALO M, CONTRERAS-BOLIVAR V, SÁNCHEZ-TORRALVO FJ, NAGHIB R, MORILLAS V, ABUIN J, GARCIA ARNES J, OLVEIRA-FUSTER G, TINAHONES F

UGC ENDOCRINOLOGÍA Y NUTRICIÓN, HOSPITAL REGIONAL DE MÁLAGA (SPAIN)

INTRODUCTION

Adrenal insufficiency is a common complication of transsphenoidal surgery (TSS) for pituitary adenoma. It is very important to identify patients requiring glucocorticoid replacement, thus minimising risks of adrenal insufficiency.

MATERIAL AND METHODS

We selected patients undergoing TSS followed by day 3 postoperative 0800 a.m. cortisol measurement and cortisol/Synachten 6 months post-surgery. All patients received perioperative glucocorticoid replacement (First and second days postsurgery) unless basal cortisol was > 10 mcg/dL and cortisol after Synachten > 23 mcg/dL previous to surgery.

We excluded patients with previous diagnosed and treated adrenal insufficiency.

In patients with 3° day cortisol lower than 10 we maintained glucocorticoid treatment until reevaluation with cortisol/Synachten 6 months post-surgery. In patients with 3° day cortisol higher than 10 glucocorticoids were discontinued.

OBJECTIVE

To assess the performance of early post-TSS 0800 a.m. cortisol measurement to detect and exclude secondary adrenal insufficiency.

RESULTS

N	20 patients	
Age	52,8 years	
Gender	Male	9(45%)
	Female	11(55%)
Tumor size	Macroadenoma	90%
	Microadenoma	10%
Tumor type	Prolactinoma	10%
	Non functioning	50%
	Cushing	40%

	3d Cortisol	Adrenal insufficiency (6 months)
No cushing	<10mcg/dL	1 patient
	10-15mcg/dL	2 patients
	>15mcg/dL	0 patient
Cushing	<10mcg/dL	1 patient
	>10mcg/dL	0 patients

CONCLUSION

3° DAY POST-TSS CORTISOL > 15mcg/dL IS A SAFE CUTT OFF TO DISCHARGE ADRENAL INSUFFICIENCY.