Endonasal endoscopic pituitary adenoma resection

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OBJECTIVES

In the past 10 years endoscopic resection of sellar lesions has become an alternative to classic microsurgical resection with the additional advantage of increasing the patient's post-operative comfort. The main point of this analysis is whether this technique can reduce the risk of a new disorder of neurohypophyseal functions.

METHODS

We rated and compared the need to administer desmopressin to our patients during the first four post-operative days and chronic administration.

Setting

Two groups of patients were compared: Patients in Group 1 were operated on microscopecally. Patients in Group 2 were operated on endoscopically with intraoperative magnetic resonance imaging (iMRI).

Group 1 was made up of 50 patients treated in 1999 and Group 2 comprised 50 patients operated on in 2008.

RESULTS

In group 1 the need to use desmopressin post-operatively occurred in eight patients, whereas three needed chronic treatment with the drug. In group 2 desmopressin had to be administered post-operatively in five patients and only temporarily.

CONCLUSIONS

Endoscopic surgery is a safe and effective method for the resection of sellar lesions. Consequently, in conjunction with iMRI and navigation the endoscopic technique represents increased radicality together with fewer adverse effects.

References