STUDY OF THE PREVALENCE AND RELATED FACTORS IN THE WITHDRAWAL OF MEDICAL TREATMENT MACROPROLACTINOMAS

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INTRODUCTION AND OBJECTIVES

The prolactina is the most common pituitary functioning tumor. There are few long-term studies on the optimal duration of treatment with dopamine agonists prolactinoma to ensure healing without recurrence after stopping the medication and do not provide a consensus on it or on withdrawal criteria. Our objective is to describe the prevalence of withdrawal of treatment macroprolactinomas and evaluate criteria prolactina cure medical treatment and analyzing the possible factors involved.

METHODS

Retrospective study of 77 patients diagnosed and treated for prolactinoma in the Service Endocrinology of University Hospital of Asturias, from 1982-2012. Only 56 patients were treated exclusively with dopamine agonists and the rest were excluded. Of these 40 patients continue with treatment and 16 patients were withdrawn from treatment (8 men and 8 women) after verifying the suppression of prolactin (PRL) levels and the disappearance of the pituitary mass (33.6% removal treatment and 44.6% could meet criteria). The criteria on patients selection were: size = 1 cm; without evidence of endocrine mixed tumors, no prior surgery or radiotherapy, absence of primary hypothyroidism untreated and absence of drugs consumption increasing PRL and withdrawal of treatment with dopamine agonists. The withdrawal of treatment is usually made after checking the following criteria: 1) normal prolactin levels after reducing doses of DA. 2) Large reduction of tumor mass image: invisibility of it or only minimal residual tumor remains. 3) Usually, after 4-5 years of treatment and 10 years of follow up in our Department of Endocrinology.

RESULTS


OPTHOMALLOGIC STUDY:

DIAGNOSIS: CATAMETRYY
ALTERED CATAMETRY R.I.S

POSTTREATMENT: HORMONAL ARES

PITUITARY DISFUNCTION

TREATMENT

FUNCTIONAL RESPONSE

INITIAL RADILOGIC STUDY: CHRACTERISTICS

SCAN 75% AND RESONANCE 25%

INITIAL SIZE

Media Axis Transversal:11.11
2.36 cm

Median: 1.95 cm

Range: [1.2-4.5] cm

POSTTREATMENT: CATAMETRY

CLINICAL RESPONSE

POSTTREATMENT: CATAMETRY

ESTRUCTURAL RESPONSE

1º IMAGE:6 MONTHS(2-10)

3P 18.7% 3P 9P 1P 62.5% 0P

2º IMAGE: 17 MONTHS (11-24)

1P 6.2% 0P 8P 4P 1P 18.7%

3º IMAGE: 60 MONTHS (12-140)

0P 25% 4P 5P 2P 33.35% 43.75%

CLINICAL RESPONSE

FEATRURES AT THE TIME OF WITHDRAWAL

NUMBER OF PATIENTS

1 8 3

3.50 g 2.44 MEAN 2.5

YEARS OF TREATMENT WITH AGONISTS:

MEDIAN: 11.01 years ±7.36

MEDIAN: 9 years

RANGE: [2.26-26.87]

CONCLUSIONS

¬ After the withdrawal of treatment with dopamine agonists, after an average of 10 years under normal PRL and almost complete tumor shrinkage, the treatment was reintroduced in the 50% of the patients in our serie.

¬ Reinforcement treatment happened in all cases because of prolactin elevation.

¬ No tumor regrowth in any of the control images.

¬ We observed no relation with the initial tumor size or PRL levels at the moment of treatment withdrawal or other predictors because of the limited sample size.

¬ The results show differences:

  1) Years with treatment: Those who were not reintroduced a median of 10 years compared to 7.69 years he reintroduced.
  2) PRL normal time: Those who do not reintroduce to 8.5 years and the other 3.5 years.

COMPARATIVE PROLACTINE LEVELS

SEX: 50% of both AGE

PROLACTINE LEVELS AT THE MOMENT OF WITHDRAWAL

DOSE OF AGONIST TO THE SUSPENSION.

• Reinforcement/no reintroduction median 2.5mg with BC.

¬ When treatment was reintroduced, the patient was in remission for 6 months.

¬ We notice that in 2 patients, the figures of prolactin they were treated with the highest number of PRL.

¬ No patient with recurrence of prolactin levels was detected during treatment and before the end of the study.

¬ Only two patients had clinical: one impotence and other oligomenorrhea.

REINTRODUCTION OF TREATMENT: CHARACTERRISTICS.

¬ PERCENTAGE OF REINTRODUCTION TREATMENT 50%

¬ TIME REINTRODUCTION OF TREATMENT: 124.57 MONTHS RANGE 1-135.360

¬ TRACKING TIME: MEDIA 7.5 YEARS ±6.63 (0.66-19.5) MEDIAN 4.91 YEARS NO IMAGE CONTROL REGROWTH

¬ HYPERPROLACTINEMIA 100%

MEDIAN 249.81 MEDIAN 75.2

REINTRODUCTION OF TREATMENT: MEDIAN 24.57 MONTHS RANGE 1-135.360

MEDIAN CANCER 4.91 YEARS NO IMAGE CONTROL REGROWTH

¬ Only two patients had clinical: one impotence and other oligomenorrhea.

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