CLINICAL NONSECRETINGPITUATARY MACROADENOMA MANAGED BYCABERGOLINE: ANYBODY, ANYTIME?

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Pathologic antecedents:
- Pituitary macrodenoma(37/45/47mm) with compressive syndrome – left cecity (June 2014)
- Partial ablation of the adenoma (July 2014)- with IHC prolactin, LH, FSH, TSH and GH staining
- Iatrogenic partial pituitary insufficiency – ACTH, TSH (substituted) (July 2014)

M. G., 16 years and 3 months old male

Motives of admition
- short stature (-3.5 SD) in the context of the iatrogenic pituitary insufficiency

Clinically:
-short stature (149.9cm, -3.5 DS)
-underweight (BMI=17.57 kg/m2 -5th percentile =18.6 kg/m2)
-BP=95/60 mmHg(orthostatic and clinostatic)
-Tanner stage P3G3
-left temporal hemianopsia

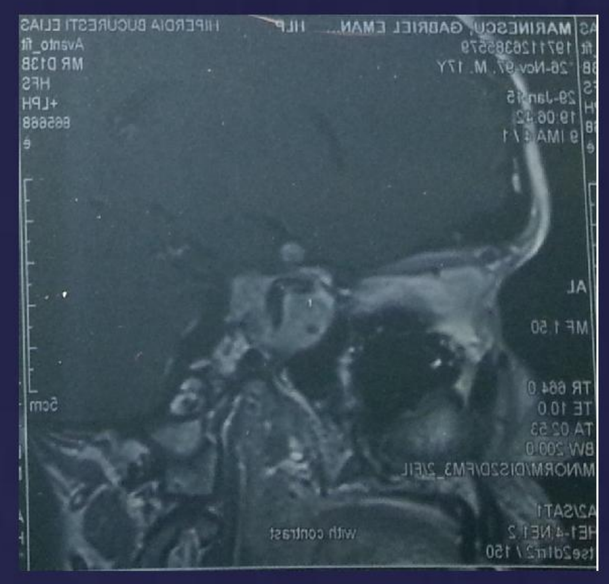
Biologically:

Hormone	Value	Normal value
TSH	0.700 mIU/ml	(0.34-6.1)
fT4	0.977 ng/dl	(0.89-1.76)
Testosterone	335 ng/dl	(223-1108)
IGF1	56.9 ng/ml	(136-285)
ACTH	12.1 pg/ml	(7.2-63.3)
Cortizol (8AM)	22.6 ug/dl	(5-25)
GH (base)	0.191 ng/ml	
GH (maximum value in Insulin Induced Hypoglicemia)	0.179 ng/ml	(>10)
iPTH	13.2 pg/ml	(15-65)
PRL	292uUI/ml(<320)	

Pituitary MRI: adenoma of 3.2/3.56/3.4 cm, which invades the sphenoid sinus, the right cavernous sinus , it has contact with the right internal carotid artery and pushes the left internal carotid and also with the distal segment of the optic nerves
Hand X-ray: a bone age of 16 years
Visual field: left temporal hemianopsy

Diagnostic

Non secreting pituitary macoadenoma with compressive syndrome
Partial pituitary insufficiency - TSH, ACTH, GH
Short stature due to the GH dephiciency
Left temporal hemianopsia



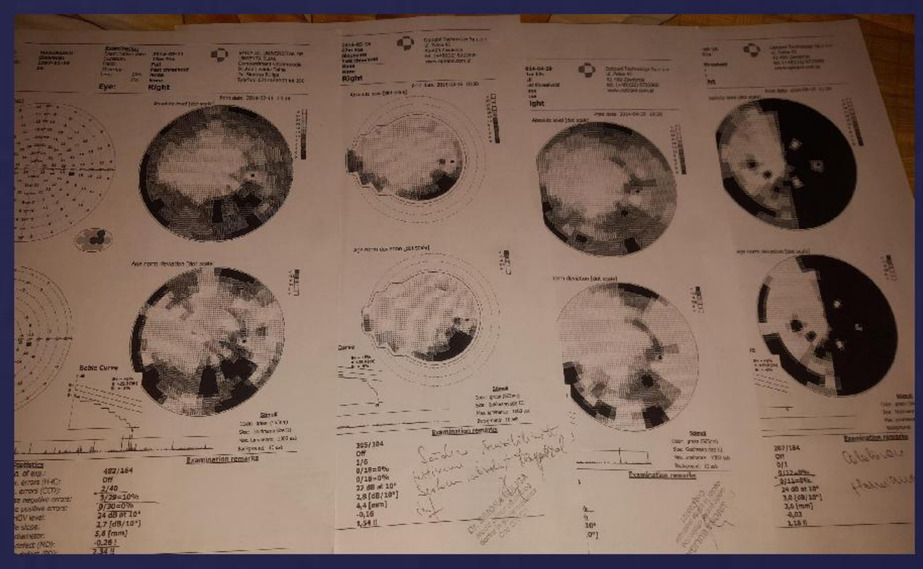
Pituitary MRI

Treatment : -indication for surgery

BUT – Refuse of family

-Cabergoline - started with a dose of 1 mg/week and progressively increased the dosage up to 3 mg/week, with visual field evaluation every 1-2 months and MRI after 6 months

After 6 months:
-clinically: nausea and weight loss (1 kg in the last month)
-visual field: bilateral hemianopsia
-stationary MRI



Surgery

Conclusion: *Cabergoline treatment of nonsecreting tumors with IHC staining for D2 receptors is a new strategy with optimist results in recent studies; however, close monitoring is mandatory during the treatment in order to identify non responders and assure an individualized therapeutic decision.*

17 ECE
1163--EP
Clinical Cases Pituitary/Adrenal
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DOI: 10.3252/pso.eu.17ece.2015
Poster presented at: ECE2015 16–20 May 2015 DUBLIN, IRELAND 17th EUROPEAN CONGRESS OF ENDOCRINOLOGY