see Posttraumatic hypopituitarism

Acromegaly overproduction growth hormone

Cushing's disease overproduction adrenocorticotropic hormone

Growth hormone deficiency underproduction growth hormone

Syndrome of inappropriate antidiuretic hormone overproduction vasopressin

Diabetes insipidus

(can also be nephrogenic) underproduction vasopressin

Sheehan syndrome underproduction any pituitary hormone

Pickardt-Fahlbusch-Syndrome underproduction any pituitary hormone, except prolactin, which is increased

Hyperpituitarism (most commonly pituitary neuroendocrine tumor) overproduction any pituitary hormone

Hypopituitarism underproduction any pituitary hormone

There is accumulating evidence that survivors of intracranial malignancy, who have required cranial irradiation, may develop hypopituitarism. The time course of the development of hormone deficits is varied, and predictors of pituitary dysfunction are unreliable. Furthermore, diagnosis of GH and ACTH deficiency require dynamic testing that can be resource intensive. Thus the surveillance and management of neuroendocrine dysfunction in neurosurgical patients poses significant logistic challenges to endocrine services. However, diagnosis and management of pituitary dysfunction can be rewarding. Appropriate hormone replacement can improve quality of life, prevent complications such as muscle atrophy, infection and osteoporosis and improve engagement with physiotherapy and rehabilitation [1)].

1)
Garrahy A, Sherlock M, Thompson CJ. MANAGEMENT OF ENDOCRINE DISEASE: Neuroendocrine surveillance and management of neurosurgical patients. Eur J Endocrinol. 2017 May;176(5):R217-R233. doi: 10.1530/EJE-16-0962. Epub 2017 Feb 13. Review. PubMed PMID: 28193628.