

Bromocriptine

Bromocriptine can restore fertility. Continued therapy during pregnancy is associated with a 3.3% incidence of congenital anomalies and 11% spontaneous abortion rate which is the same as for the general population. Estrogen elevation during pregnancy stimulates hyperplasia of lactotrophs and some prolactinomas, but the risk of symptomatic enlargement of microadenomas and totally intrasellar macroadenomas is <3%, vs. 30% risk for macroadenomas ¹⁾.

Bromocriptine during pregnancy

Pituitary prolactinoma patients should continue the original dose of bromocriptine for at least 4 months instead of immediate withdrawal during pregnancy. For those with large adenoma, bromocriptine should be taken throughout pregnancy. Blood levels of prolactin, progesterone, human chorionic gonadotropin (HCG) and visual dysfunction should be monitored every 2 weeks. If the levels of progesterone and HCG are low, they should be timely supplemented. If prolactin rises too rapidly and visual dysfunction worsens, the dose of bromocriptine should be appropriately increased. Taking bromocriptine during pregnancy can significantly reduce the rate of embryo stopping without improving the rate of embryo deformity. Thus use of bromocriptine is both safe and necessary ²⁾.

Bromocriptine for lactotroph pituitary neuroendocrine tumor medical treatment

1)

Molitch ME. Pregnancy and the hyperprolactinemic woman. N Engl J Med. 1985; 312:1364-1370

2)

Lian W, Liu N, Wang R, Xing B, Yao Y. [Analysis of treating prolactinoma patients with bromocriptine during pregnancy]. Zhonghua Yi Xue Za Zhi. 2015 Feb;95(7):511-514. Chinese. PubMed PMID: 25916926.

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