Biochemical workup often documents several pituitary insufficiencies. In histopathology, the majority of NFPAs are gonadotroph

They mainly invade the sphenoid, cavernous sinus or dura mater.

Detection of a sellar mass by MRI. Biochemical testing can identify the adenoma cell type in those that are clinically silent.

Mean PRL in nonfunctioning pituitary neuroendocrine tumors was 39 ng/ml, with a majority of patients with stalk effect having PRL < 200 ng/ ml¹.

Immunohistochemical evaluation

Immunohistochemical evaluation has revealed that most of these lesions are of gonadotroph differentiation, as they usually immunostain for the beta subunit of LH and/or FSH, as well as for the common alpha subunit of these glycoproteic hormones; a small proportion of these patients have tumors that immunostain for ACTH, GH, and TSH, the so-called "silent corticotroph, somatotroph, and thyrotroph adenomas," respectively ^{2) 3)}.

1)

Fleseriu M, Bodach ME, Tumialan LM, et al. Congress of Neurological Surgeons Systematic Review and Evidence-Based Guideline for Pretreatment Endocrine Evaluation of Patients With Nonfunctioning pituitary neuroendocrine tumors. Neurosurgery. 2016; 79:E527–E529

M. Al-Shraim and S. L. Asa, "The 2004 World Health Organization classification of pituitary tumors: what is new?" Acta Neuropathologica, vol. 111, no. 1, pp. 1–7, 2006.

S. L. Asa and S. Ezzat, "The cytogenesis and pathogenesis of pituitary neuroendocrine tumors," Endocrine Reviews, vol. 19, no. 6, pp. 798–827, 1998

From: https://neurosurgerywiki.com/wiki/ - Neurosurgery Wiki

Permanent link: https://neurosurgerywiki.com/wiki/doku.php?id=clinically_non-functioning_pituitary_adenoma_diagnosis

Last update: 2024/06/07 02:52

