

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/ ml ¹⁾.

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 glycoprotein 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

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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.

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

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