

Among pituitary disorders having a mass effect on the pituitary gland, nonfunctioning pituitary macroadenoma and lymphocytic hypophysitis are difficult to differentiate without histological examination.

Based on a large series of histologically confirmed cases, serum PRL > 2000 mU/l is almost never encountered in nonfunctioning pituitary macroadenomas. Values above this limit in the presence of a macroadenoma should not be surrounded by diagnostic uncertainty (after acromegaly or Cushing's disease have been excluded); a prolactinoma is the most likely diagnosis <sup>1)</sup>.

<sup>1)</sup>

Karavitaki N, Thanabalasingham G, Shore HC, Trifanescu R, Ansorge O, Meston N, Turner HE, Wass JA. Do the limits of serum prolactin in disconnection hyperprolactinaemia need re-definition? A study of 226 patients with histologically verified non-functioning pituitary macroadenoma. Clin Endocrinol (Oxf). 2006 Oct;65(4):524-9. PubMed PMID: 16984247.

From:

<https://neurosurgerywiki.com/wiki/> - Neurosurgery Wiki

Permanent link:

[https://neurosurgerywiki.com/wiki/doku.php?id=clinically\\_non-functioning\\_pituitary\\_adenoma\\_differential\\_diagnosis](https://neurosurgerywiki.com/wiki/doku.php?id=clinically_non-functioning_pituitary_adenoma_differential_diagnosis)

Last update: **2024/06/07 02:53**

