

# Corticotroph adenoma medical treatment

Medical therapy is reserved for patients whose therapy fails, those who decline other therapy, and those who cannot be treated otherwise. Medical therapy is divided into centrally acting agents that reduce corticotropin release and peripherally acting agents that reduce cortisol secretion or block cortisol action. Centrally acting medications (unfortunately effective in very rare occasions only) include bromocriptine, valproic acid, and cyproheptadine. Peripherally acting agents include ketoconazole, mitotane, and metyrapone. Use of such medications should be in combination with radiotherapy. Gonadotropin-secreting macroadenomas are treated surgically, followed by radiation. Medical therapy is reserved for those patients who decline definitive treatment. Bromocriptine or octreotide may be used. LH-releasing hormone antagonists may decrease hormone levels but do not affect the tumor size. Nonsecretory macroadenomas are treated surgically.

If surgery is contraindicated, octreotide or bromocriptine may be tried; however, the results are often disappointing.

Currently available pharmacological agents for treating functional ACTH-PAs include [ketoconazole](#), [mifepristone](#), and [pasireotide](#) <sup>1)</sup>.

## Cabergoline for Cushing's disease

[Cabergoline for Cushing's disease.](#)

<sup>1)</sup>

Cuevas-Ramos D, Fleseriu M: Treatment of Cushing's disease: a mechanistic update. J Endocrinol 223:R19-R39, 2014

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