

Cystic prolactinoma

Cystic [prolactinoma](#) is a variant of [prolactinoma](#).

Treatment

The strategies for the management of cystic prolactinoma have not been addressed thoroughly in clinical guidelines.

Nakleh et al., performed a literature search using Pubmed to review the current approaches to the treatment of cystic prolactinoma.

Transsphenoidal resection is an effective and relatively safe approach for the treatment of cystic prolactinoma, however, morbidity of surgery is dependent on the skill of the surgeon. Emerging studies allude to the efficacy and safety of [dopamine agonists](#) in the management of cystic prolactinoma. Dopamine agonists are associated with considerable rates of clinical improvement and tumor shrinkage, hence reducing the need for surgical intervention.

Recent studies suggest that dopamine agonist therapy may be an effective and safe treatment option in a considerable portion of patients with cystic prolactinomas. They suggest that dopamine agonists should be considered as a first-line therapy for cystic prolactinoma in the absence of indications for early surgical intervention ¹⁾.

Case series

Bahuleyan et al. present the results of [dopamine agonist](#) therapy in six patients with cystic prolactinomas. The inclusion criteria of patients were: (i) cystic macroadenomas with the cyst occupying more than 50% of the tumour volume; (ii) a serum prolactin value more than 150 ng/mL. All patients were males with a mean age of 35 years. The clinical presentations were erectile dysfunction in 66.6%, visual deficits in 50% and headache in 50% of patients. All patients were treated with bromocriptine only except one who was treated with both bromocriptine and cabergoline. The mean duration of follow up was 57.1 months. At the final follow-up 50% of patients had hormonal cure, 50% had radiological cure and 50% had reduction in the size of the tumour. Hence, it is appropriate to consider dopamine agonist therapy in patients with cystic prolactinomas before considering surgery ²⁾.

Case reports

Pituitary apoplexy in a pregnant woman with cystic microprolactinoma ³⁾.

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Nakhleh A, Shehadeh N, Hochberg I, Zloczower M, Zolotov S, Taher R, Daoud Naccache D. Management of cystic prolactinomas: a review. Pituitary. 2018 Apr 13. doi: 10.1007/s11102-018-0888-0. [Epub ahead of print] Review. PubMed PMID: 29654440.

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Bahuleyan B, Menon G, Nair S, Rao BR, Easwer HV, Krishna K. Non-surgical management of cystic

prolactinomas. J Clin Neurosci. 2009 Nov;16(11):1421-4. doi: 10.1016/j.jocn.2009.03.024. Epub 2009 Aug 20. PubMed PMID: 19699096.

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Querol Ripoll R, Cámara Gómez R, Del Olmo García M, Simal Julián JA, Merino Torres JF. [Pituitary apoplexy in a pregnant woman with cystic microprolactinoma]. Endocrinol Nutr. 2015 Apr;62(4):200-2. doi: 10.1016/j.endonu.2015.01.007. Epub 2015 Feb 26. Spanish. PubMed PMID: 25732323.

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