Hyperprolactinemia Etiology

There are various causes of hyperprolactinemia, and they can be classified into different etiological categories:

Physiological Causes

Pregnancy and Breastfeeding: Prolactin levels naturally rise during pregnancy and breastfeeding to support lactation. This is a normal and temporary cause of elevated prolactin.

Pathological Causes

Pituitary Adenomas: The most common cause of hyperprolactinemia is a noncancerous tumor (adenoma) of the pituitary gland, known as a prolactinoma. These tumors secrete prolactin, leading to increased levels in the blood. Other Pituitary Tumors: Tumors affecting the pituitary gland, such as those secreting growth hormone or compressing the pituitary stalk, can disrupt the normal regulation of prolactin and cause its elevation.

Hypothalamic Disorders: Conditions affecting the hypothalamus, a region of the brain that regulates the pituitary gland, can lead to hyperprolactinemia. This includes tumors, trauma, or radiation affecting the hypothalamus.

Medications: Certain drugs can interfere with the normal regulation of prolactin. Examples include antipsychotics (e.g., risperidone, haloperidol), antiemetics (e.g., metoclopramide), and some antidepressants. Other Causes:

Hypothyroidism: Underactive thyroid (hypothyroidism) can lead to an increase in prolactin levels.

Renal Failure: Chronic kidney disease can cause hyperprolactinemia.

Chest Wall Lesions: Lesions or trauma to the chest wall can stimulate nipple receptors and lead to increased prolactin release. Idiopathic: In some cases, the cause of hyperprolactinemia may remain unknown (idiopathic).

It's important to note that stress and certain activities, such as nipple stimulation, can also transiently increase prolactin levels. Diagnosis and management of hyperprolactinemia involve identifying the underlying cause and addressing it appropriately. Treatment may include medication, surgery (for tumors), or addressing the underlying medical condition. Individuals with suspected hyperprolactinemia should consult with a healthcare professional for a thorough evaluation and appropriate management.

A Lactotroph pituitary neuroendocrine tumor is the most common cause of chronic hyperprolactinemia once pregnancy, primary hypothyroidism and drugs that elevate serum prolactin levels have been excluded.

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