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## **Hypophysitis treatment**

Hormone replacement and, in selected cases, careful observation are advised with imaging follow-up. High-dose glucocorticoids are initiated mainly to help reduce the mass effect. A response may be observed in all auto-immune etiologies, as well as in lymphoproliferative diseases, and, as such, should not be used for differential diagnosis. Surgery may be necessary in some cases to relieve mass effects and allow a definite diagnosis. Immunosuppressive therapy and radiation are sometimes also necessary in resistant cases <sup>1)</sup>. <sup>2) 3) 4)</sup>

1)

Langlois F, Varlamov EV, Fleseriu M. Hypophysitis, the Growing Spectrum of a Rare Pituitary Disease. J Clin Endocrinol Metab. 2022 Jan 1;107(1):10-28. doi: 10.1210/clinem/dgab672. PMID: 34528683; PMCID: PMC8684465.

2)

Türe U, Sav A, Kelestimur F. "Letter to the Editor from [Kelestimur et al.]: "Hypophysitis, the growing spectrum of a rare pituitary disease.". J Clin Endocrinol Metab. 2022 Mar 8:dgac134. doi: 10.1210/clinem/dgac134. Epub ahead of print. PMID: 35259231

3)

Langlois F, Varlamov EV, Fleseriu M. Response to Letter to the editor from Asa and Mete: "Hypophysitis, the Growing Spectrum of a Rare Pituitary Disease". J Clin Endocrinol Metab. 2022 Jan 17:dgac026. doi: 10.1210/clinem/dgac026. Epub ahead of print. PMID: 35037055.

4)

Asa SL, Mete O. Letter to the Editor from Asa and Mete: "Hypophysitis, the Growing Spectrum of a Rare Pituitary Disease". J Clin Endocrinol Metab. 2022 Jan 17:dgac025. doi: 10.1210/clinem/dgac025. Epub ahead of print. PMID: 35037041.

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