

Surgical treatment included both transcranial or transsphenoidal approaches, and resulted in gross total resection and morbidity rates of 46.8 and 59%, respectively; the latter essentially consisted in anterior and posterior pituitary dysfunction, with limited impact on daily quality of life.

The indication for treatment should be made on an individual basis, but it is inescapable in the presence of a visual field defect. The surgical approach has to be tailored according to the topography of the tumor and preoperative symptoms; the greatest challenges in accomplishing a gross total removal are represented by the degree of adherence and vascularization of the PT<sup>1)</sup>.

<sup>1)</sup>

Salge-Arrieta FJ, Carrasco-Moro R, Rodríguez-Berrocal V, Pian H, Martínez-San Millán JS, Iglesias P, Ley-Urzáiz L. Clinical features, diagnosis and therapy of pituicytoma: an update. J Endocrinol Invest. 2018 Jul 20. doi: 10.1007/s40618-018-0923-z. [Epub ahead of print] Review. PubMed PMID: 30030746.

From:

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

Permanent link:

[https://neurosurgerywiki.com/wiki/doku.php?id=pituicytoma\\_treatment](https://neurosurgerywiki.com/wiki/doku.php?id=pituicytoma_treatment)

Last update: **2024/06/07 02:58**

