Pituitary microadenoma

- Pituitary incidentaloma: a Pituitary Society international consensus guideline statement
- Pituitary surgery in New Zealand: A single neurosurgeon case series of 1,224 operations
- Pituitary and pineal gland metastases from pulmonary neuroendocrine carcinoma: A case report and literature review
- Genetic association of AIP gene variant c.910C>T with pituitary adenomaacromegaly patients of Pakistani origin
- Outcome metrics for primary endoscopic endonasal surgery for low-risk patients with Cushing's disease: an evidence-based position statement from the Registry of Adenomas of the Pituitary and Related Disorders consortium
- Advanced Magnetic Resonance Imaging Techniques for Localization of a Small Thyrotropin-Secreting Pituitary Tumor
- A novel molecular imaging technique using [⁶⁸Ga]Ga-mDesmo PET-CT for localizing tumors in Cushing's disease
- Comprehensive Classification of Surgically Resected Pituitary Neuroendocrine Tumors: Updates From a Single-Institution Experience Based on the WHO 5th Edition

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Pituitary microadenoma, its a pituitary neuroendocrine tumor less than 10 mm in diameter.

At the time of diagnosis, 90 % of prolactinomas in women are microadenomas, vs. 60 % for males probably due to gender-specific differences in symptoms resulting in an earlier presentation in females.

Pituitary microadenoma diagnosis

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Follow-up recommendations

No consensus exists regarding follow-up recommendations for suspected pituitary microadenoma in children. To address this knowledge gap, Borghammar et al. from Lund investigated the growth potential of pituitary solid and cystic lesions <10 mm in children and evaluated the accuracy of magnetic resonance imaging (MRI) measurements.

Non-functioning pituitary microadenoma in children has small size variations, often below the spatial resolution of the scanners. They suggest lesions <4 mm only for clinical follow-up, lesions 4-6 mm for MRI after 2 years, and ≥7 mm MRI after 1 and 3 years, with clinical follow-up in between. If no progression, further MRI should only be performed after new clinical symptoms or hormonal disturbances. [1) 2)]

1)
Borghammar C, Tamaddon A, Erfurth EM, Sundgren PC, Siesjö P, Elfving M, Nilsson M. Non-functioning pituitary microadenoma in children and adolescents: Is follow-up with diagnostic imaging necessary? Endocrine. 2022 Oct 17. doi: 10.1007/s12020-022-03212-7. Epub ahead of print. PMID: 36251115.
2)
Borghammar C, Tamaddon A, Erfurth EM, Sundgren PC, Siesjö P, Elfving M, Nilsson M. Correction: Non-functioning pituitary microadenoma in children and adolescents: Is follow-up with diagnostic imaging necessary? Endocrine. 2023 Nov 14. doi: 10.1007/s12020-023-03541-1. Epub ahead of print. Erratum for: Endocrine. 2023 Jan;79(1):152-160. PMID: 37962816.