

Pituitary tumor treatment

For the treatment of pituitary tumors, microscopic [transsphenoidal surgery](#) has been considered the “gold standard” since the late 1960s. Over the last two decades, however, a worldwide shift towards [endoscopic endonasal surgery](#) is in progress for many reasons. These include a wide panoramic view, improved illumination, an ability to look around anatomical corners using angled tip and, in addition, application to the extended approaches for [parasellar lesions](#). Both endoscopic and microscopic approaches appear equally effective for [Clinically non-functioning pituitary macroadenomas](#) without significant suprasellar or lateral extensions, whereas the endoscopic approach may improve outcomes associated with the extent of resection and postoperative complications for larger tumors. Despite many theoretical benefits in the endoscopic surgery, remission rates of functioning adenomas do not substantially differ between the approaches in experienced hands. The endoscopic approach is a valid alternative to the microscopic approach for adenomas. The benefits will be more appreciated in the extended surgery for parasellar tumors ¹⁾.

Surgery

see [Pituitary tumor surgery](#)

¹⁾

Nishioka H. Recent Evolution of Endoscopic Endonasal Surgery for Treatment of pituitary neuroendocrine tumors. *Neurol Med Chir (Tokyo)*. 2017 Feb 24. doi: 10.2176/nmc.ra.2016-0276. [Epub ahead of print] PubMed PMID: 28239067.

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