

PITUITARY TUMORS IN CHILDREN AND ADOLESCENTS: CLINICAL AND ETIOLOGICAL PROFILE

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INTRODUCTION

Pituitary tumors are rare in children and adolescents. The etiology is dominated by craniopharyngiomas. The main clinical presentation is the tumoral syndrome. These lesions often affect growth and pubertal development.

AIM

The objective of our work is to study the clinical and etiological characteristics of pituitary tumors in the pediatric population hospitalized in our department.

METHOD

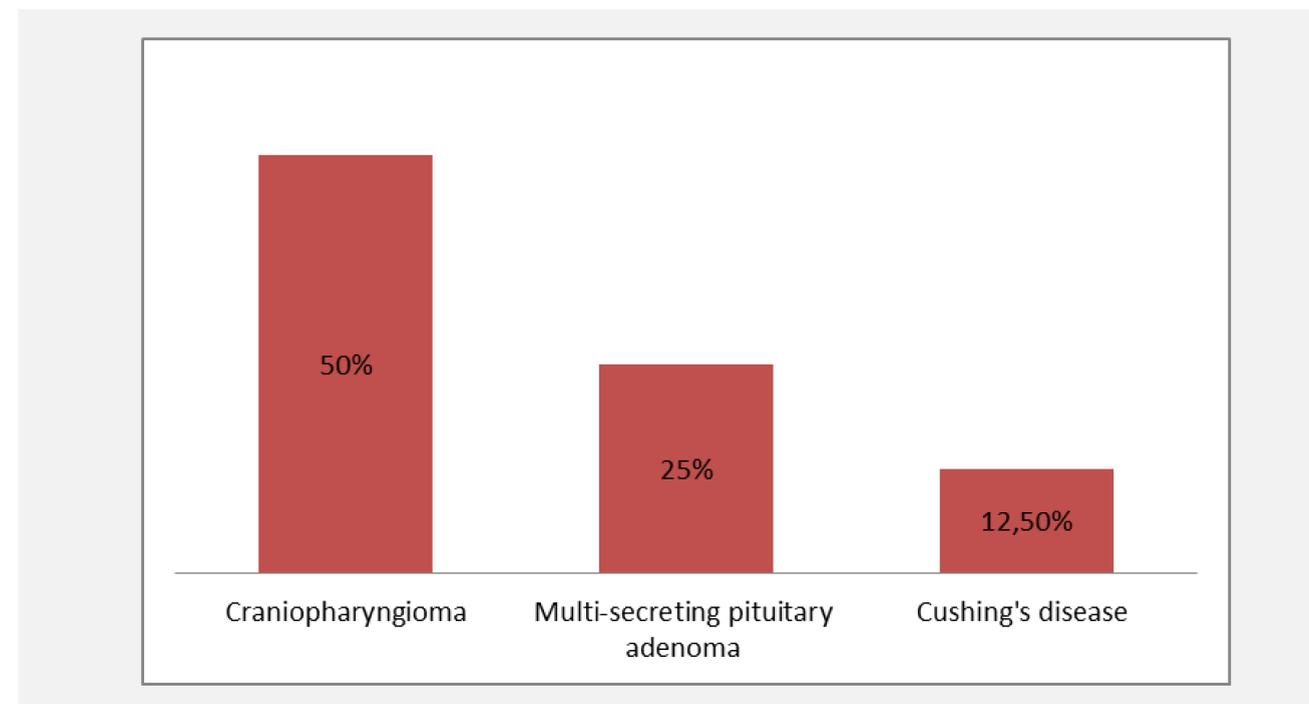
- This is a retrospective descriptive study.
- Involving 08 patients hospitalized for pituitary tumors in the Endocrinology-Diabetology-and-Nutrition Department of the Mohammed VI University Hospital Center of Oujda in the eastern of Morocco.
- All patients underwent a full clinical examination, visual evaluation and hypothalamic-pituitary magnetic resonance imaging.
- The data collected were analyzed using SPSS 25 software.

RESULTS

The mean age of the patients was 14.2 ± 1.8 years with an M/F sex ratio of 0.5. Tumoral syndrome was the reason for consultation in 87.5% of cases. The delay between the onset of symptoms and the first consultation was 25.7 ± 18.6 months. Amenorrhea was present in 20% of the cases, acrogigantism in one patient, and a short stature in 25% of cases.

The etiologies were dominated by craniopharyngioma in 50% of cases, followed by multi-secreting pituitary adenoma and Cushing's disease (figure).

The size of the pituitary process varied between 4 and 57 mm with radiological signs of invasion in 50% of cases. Visual impairment was reported in 62.5% of patients, with bilateral blindness in one patient. 75% of patients benefited from a pituitary surgery.



The etiologies of pituitary tumors

CONCLUSIONS

The main etiology of pituitary tumors is represented by craniopharyngioma, followed by pituitary adenomas which are secretory; this is in agreement with literature data.

The delay in management determines the visual prognosis, and long-term monitoring of growth and puberty is necessary.

REFERENCES

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