

# PROLACTINOMAS IN A PEDIATRIC POPULATION

Drs Liliana Mejia<sup>1</sup>, Audrey Matallana<sup>2</sup>, Vanegas Sara<sup>3</sup>, Mirey Siuffi<sup>4</sup>.

1,2,4 Paediatrics Endocrinology. 1. Foundations Clínicas Infantil Club Noel- Valle Del Lili UNILIBRE GRIMPED 2,4. Clinics Farallones-2. UNIVALLE, 3. Doctor ICESI

## INTRODUCCIÓN

Prolactinoma is the most frequent pituitary tumor (40 %) in children and adolescents is more common in females, sporadic and benign.

It is classified into microprolactinoma (< 1.0 cm) (micro) and macroprolactinoma (>1.0 cm) (macro).

In girls it presents clinically as amenorrhea and galactorrhea and occasionally as increased intracranial pressure.

THE PREVALENCE of adenomas is <0.2% children, with an annual incidence of 0.1-4.1 / 100,000 children.

Normal serum PRL concentrations are <25ng / ml in women and at 20ng / ml in men.

## DIAGNOSIS IS FOR RMN

Management consist of medications and surgery.

The pharmacological management of choice is bromocriptine cases even in cases with campimetric deficit. Dopamine Agonists: Bromocriptine or Cabergolide.

## OBJETIVE OF TREATMENT

1. Suppress hormonal secretion to normalize prolactin and give clinical improvement (infertility, sexual dysfunction and osteoporosis, etc.), restoring gonadal function.

2. Tumor size decrease .

3 Preservation of residual pituitary function .

## SURGICAL TREATMENT .

It should be considered only in exceptional cases in relation to resistance or intolerance to dopaminergic drugs, and tumors that compress the optic chiasma

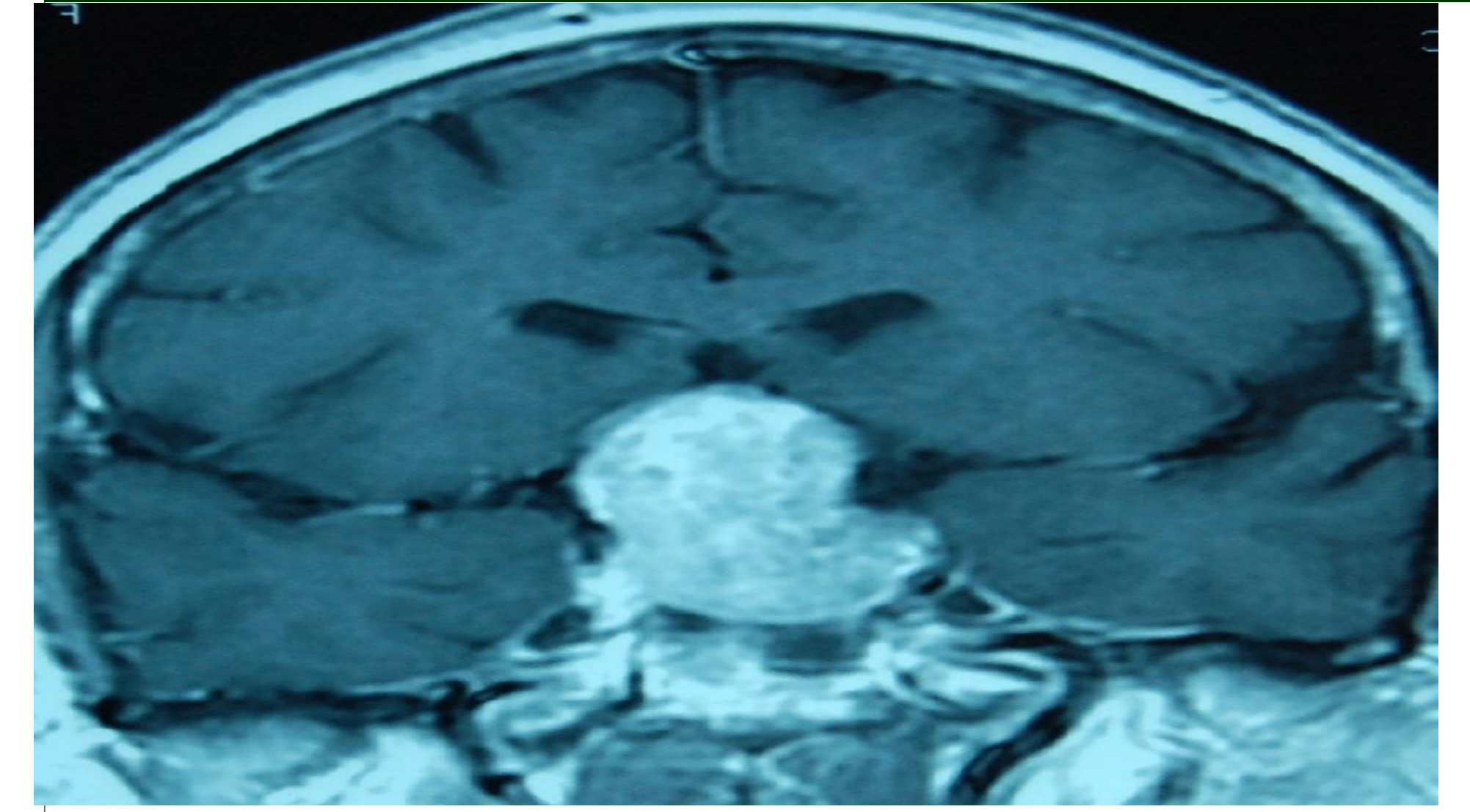
## OBJETIVES

To characterize patients seen at Pediatric Endocrinology Clinics from three Institution between July 2000 and November 2018.

## METHODS

Review of charts from patients with prolactinoma.

## IMÁGEN



RESULTS TABLE 1

PATIENT	AGE YEARS	SEX	GALAC TORRHEA	AMENO RRHEA	SIZE	PROLACTIN. NG/DL	QX	FCO
1	16	F	yes	yes	Macro	470	yes	yes
2	7	F	No	no	micro	500	No	yes
3	13	M	No	n/a	micro	651	No	yes
4	13	F	yes	yes	micro	67	yes	yes
5	15	F	yes	yes	macro	542	No	yes
6	14	M	No	n/a	micro	81	No	yes
7	15	M	No	n/a	macro	400	yes	yes
8	8	M	No	n/a	macro	1024	yes	yes
9	13	M	No	n/a	maco	470	No	yes
10	10	M	yes	n/a	macro	500	no	yes

Results are presented in table 1. M: male F: female n/a: It does not apply Qx: surgery Fco: medications

## ANALYSIS AND CONCLUSIONS

Ten patients, mean age  $12.4 \pm 3.0$  years, male 60%, galactorrea 60%, surgery 40%, macroadenomas 60%, mean prolactin  $470 \pm 271$ .

Macroadenomas are more common in our pediatric population and as such surgery is the most common approach.

Most frequent pathology in adolescence and in our case more in males. Most macro adenomas required surgery because of their endocranial involvement.

It is recommended to suspect it in patients with secondary amenorrhea galactorrhea and / or data of endocranial hypertension

## BIBLIOGRAPHY

- 1.R. Gracia Bouthelier, AC. Barreda Boni Patología del tallo. Tumores adenohipofisarios. Rev Esp Endocrinol Pediatr 2010; 1 (Suppl)
2. Esparza Estaún J, Elduayen Aldaz B, Arriba Villamor C. Estudio por Resonancia Magnética del eje hipotálamo hipofisario en pediatría. Rev Esp Endocrinol Pediatr 2013; 4: 101
3. Salazar-López-Ortiz CG, Hernández-Bueno JA, Porias-Cuéllar HL, Rembao-Bojórquez JD, Sando-Guía práctica en el manejo de Hiperprolactinemias Ginecol Obstet Mex 2014; 82: 123-142

