SURGERY VS OBSERVATION
CLINICALLY NON-FUNCTIONING PITUITARY ADENOMAS
- A 20-year single centre experience
Claudia Matta Coelho1, Rui Ramos2, Rui Almeida2, Olinda Marques3
1 Endocrinology Department, Braga Hospital, Portugal 2 Neurosurgery Department, Braga Hospital, Portugal

BACKGROUND
Clinically non-functioning pituitary adenomas (NFPAs) are among the most common pituitary lesions. Management includes surgery, radiation or observation. We aim to compare clinical characteristics and outcomes between patients submitted to surgery or expectant observation (E.O.).

METHODS
Retrospective review of 179 patients with NFPAs from 1996 to 2016. In our centre, there is only 1 pituitary surgeon and NFPAs patients are referred to surgery according to the presence of neurologic symptoms, mainly visual disturbances, and tumour growth. Statistical analysis: SPSSvs20.

RESULTS

MANAGEMENT APPROACH: SURGERY VS E.O.

Besides indication for surgery:
- 2 patients refused
- 3 had formal clinical contra-indications

AGE AT DIAGNOSIS

MANIFESTATIONS AT DIAGNOSIS

Hormonal deficiencies

FOLLOW-UP
Median follow-up time of 5 years (IQR 3-10)

Surgical group:
- 26% (n=25) required a second intervention
- 13% (n=12) were submitted to radiotherapy
- After surgery, 16% (n=11) had increased number of hormonal deficiencies and 12% (n=8) improved

Expectant Observation group:
- 4%(n=3) de novo hypogonadism
- 1%(n=1) de novo hypothyroidism
- No significant tumour growth
- None suffered apoplexy

DISCUSSION
In our patients those that underwent surgery were in average 10 years younger, had more neurologic disturbances and bigger adenomas at presentation. In the E.O. group: 4 patients presented with new hormonal deficiencies, none had significant tumour growth or suffered apoplexy. Facing literature data, our population underwent fewer surgeries. Therefore, expectant observation may be a valuable option in selected NFPAs.