

**PITUITARY****OP-P-01****OBSTRUCTIVE HYDROCEPHALUS AS A PRESENTATION OF A MACROPROLACTINOMA: IS THERE ROOM FOR CONSERVATIVE MEDICAL TREATMENT?**

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**CASE**

Obstructive hydrocephalus is a rare complication of pituitary prolactinomas, especially in females, where symptoms rarely go unnoticed. We present a 28-year-old Filipino female with a two-month history of frontotemporal headache, acutely worsening over three days. Cranial imaging showed a sellar-suprasellar mass with associated tonsillar herniation and obstructive hydrocephalus. Hyperprolactinemia was confirmed (prolactin: 8785.61 ng/mL), and cabergoline was initiated. Clinically, the patient's headache resolved within 24 hours of the first dose, and repeat prolactin levels fell by 96% within the first month. Repeat imaging confirmed the resolution of the obstructive hydrocephalus within four weeks.

Only nine previous cases of prolactinomas presenting with obstructive hydrocephalus have been described. Of these, only 3 were females. Most cases required surgical decompression. The resolution of the acute hydrocephalus within one month after initiation of treatment with cabergoline suggests that dopamine agonists, in select cases, may obviate the need for surgery, especially in resource-limited settings.

**KEYWORDS**

prolactinoma, hydrocephalus, medical management, surgery

**OP-P-02****PERIOPERATIVE COMPLICATIONS ASSOCIATED WITH ROUTINE PREOPERATIVE GLUCOCORTICOID USE AMONG PITUITARY SURGERY PATIENTS WITH NORMAL PREOPERATIVE HPA AXIS: A RETROSPECTIVE COHORT STUDY**

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**INTRODUCTION**

This study determined the incidence of perioperative complications associated with routine preoperative glucocorticoid use in pituitary surgery patients with normal preoperative hypothalamo-pituitary-adrenal axis (HPA axis).

**METHODOLOGY**

In a retrospective chart review from 2011-2021, 243 patients with normal preoperative HPA axis who underwent pituitary surgery were divided into 2 groups: 1) with preoperative steroids and 2) without preoperative steroids, and evaluated for subsequent development of postoperative complications.