

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.

RESULTS

The incidence of composite postoperative complications of in-hospital mortality, postoperative infection, and postoperative diabetes insipidus was significantly increased among those with preoperative steroids compared to those without (58.33% versus 33.33%, $p = 0.004$), with an adjusted odds ratio of 2.90 (CI: 1.29 to 6.53, $p = 0.010$). Among the components of the composite outcome, post-operative diabetes insipidus was statistically higher among those given preoperative steroids (52.45% vs 28.21%, $p = 0.006$) with an adjusted OR of 3.31 (CI: 1.43 to 7.67, $p = 0.005$). The incidence of postoperative adrenal insufficiency was similar between the groups (20.15% with steroids vs 8.70% without steroids, $p = 0.258$).

CONCLUSION

Among patients with normal preoperative HPA axis who underwent pituitary surgery, routine preoperative steroid use was associated with an increased risk of composite postoperative complications (in-hospital mortality, postoperative infection, postoperative diabetes insipidus).

KEYWORDS

pituitary-adrenal system, pituitary gland / surgery, postoperative complications, glucocorticoids, steroids

REPRODUCTIVE

OP-R-01

COMPARISON OF CARDIO-METABOLIC PARAMETERS BETWEEN THE DIFFERENT POLYCYSTIC OVARY SYNDROME PHENOTYPES AMONG FILIPINO WOMEN IN A TERTIARY HOSPITAL

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INTRODUCTION

Polycystic Ovary Syndrome (PCOS) is the most common endocrinopathy in reproductive-aged women. It affects fertility and is also associated with significant metabolic disturbances. Women diagnosed with PCOS may have a heterogeneous presentation. The International Evidence-based Guidelines for the Assessment and Management of PCOS in 2018 stated that the presentation and manifestations of PCOS may have ethnic differences. Knowledge of the ethnic differences in the phenotypic clinical and metabolic profiles may assist clinicians in the diagnosis and management of PCOS in specific populations.

METHODOLOGY

This single-center, prospective cross-sectional study was done on 142 reproductive-aged women (18-45 years old) with PCOS as diagnosed by Rotterdam criteria. Participants were recruited from Endocrinology Obstetrics and Gynecology clinics. Demographic data, obstetric and gynecologic history, co-existing medical conditions, medication history, vital signs, and anthropometric measurements were collected. The presence of clinical signs of hyperandrogenism was evaluated (hirsutism with mFG scores, acne, and alopecia). Results of 75-gram OGTT/FBS, lipid profile, fasting insulin, complete blood count, and transvaginal/transrectal ultrasound were collected. BMI, HOMA-IR, TG/HDL ratio, and Neutrophil-lymphocyte ratio (NLR) were computed. To determine the differences in mean, median, and frequency between phenotype groups, One-way ANOVA, Kruskal-Wallis test, and Fisher's Exact test were used, respectively.

RESULTS

A total of 142 participants were included in the analysis. Overall, the mean age was 30.57 years. The highest proportion among the study participants was phenotype A (37.32%). Clinical signs of hyperandrogenemia were highest in the hyperandrogenic phenotypes (A,B) ($p = 0.05$). Insulin resistance similarly was also comparable across phenotypes, however,, Phenotype A had the highest fasting insulin level (median 17, $p = 0.047$),, and HOMA-IR values (median 4.70, $p = 0.048$). Phenotype A had the highest weight, and BMI across groups (median 82 kg, median 31.69 kg/m², $p = 0.023$, and $p = 0.032$, respectively). Markers of central adiposity (waist circumference and waist-to-hip ratio) were highest in Phenotype A, but were also elevated in the oligo-anovulatory phenotypes B and D ($p = 0.005$). Participants in phenotype D had significantly higher TG/HDL ratios. NLR scores were similar across all phenotypic groups (median 2, $p = 0.40$).