# Pituitary adenoma

- Pituitary adenoma is the most common incidentally found pituitary lesion, with differential diagnosis including Rathke's cleft cyst, craniopharyngioma, meningioma, hypophysitis, or metastasis
- Pituitary adenomas can be either functioning or non-functioning, the latter being the most common
- Functional tumours can be associated with significant symptoms secondary to hormone excess, whereas non-functional pituitary tumours may present with symptoms related to the mass effect, such as headache, visual defects and hypopituitarism

## Information Required

- Presence of Red Flags
- Duration of symptoms
- Associated symptoms

## Investigations Required

- Cortisol, ACTH, prolactin
- TFT, IGF-1, growth hormone
- LH, FSH and testosterone in men, oestradiol in women
- If suspicion of Cushing's syndrome: 1 mg dexamethasone suppression test, late night salivary cortisol or 24-hour urinary free cortisol measurement
- MRI pituitary
- Visual field test

## Fax Referrals to

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|---|---|---|---|
| GP Plus Marion | 7425 8687 | GP Plus Noarlunga | 8164 9199 |

## Red Flags - Contact on-call Registrar via FMC switchboard 8204 5511

- Visual impairment or other neurological signs
- Pathological headaches (often sudden and severe), nausea and vomiting
- Any evidence of hormonal excess or deficiency
- Polyuria and polydipsia suggestive of diabetes insipidus

## Suggested GP Management

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## Clinical Resources

- Pituitary Incidentaloma: An Endocrine Society Clinical Practice Guideline 2011

General Information to assist with referrals and the and Referral templates for SALHN are available to download from the SALHN Outpatient Services website www.sahealth.sa.gov.au/SALHNoutpatients and SAFKI Medicare Local website www.safkiml.com.au

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