

PROLACTIN SECRETING PITUITARY MICRO-ADENOMA

(Amenorrhoea—Galactorrhoea Syndrome)

(A Case Report)

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CASE REPORT

Patient A B, 30 years, came for secondary amenorrhoea and galactorrhoea since 4 years. She had 2 FTND. She had oral contraception for 2 years following last childbirth and then switched on to Cu T for another 1 year. After removal of Cu T, she gradually developed oligomenorrhoea followed by amenorrhoea. During this period she noticed milk secretion from breasts. She had curettage twice by private practitioner for oligomenorrhoea and amenorrhoea and report was "Scanty endometrium and no opion can be given". Patient was little obese, normotensive with faminine characters. Systemic examination did not reveal any abnormal findings except for excessive milk secretions from the breasts. On vaginal examination, the uterus was anteverted, small in size, mobile and fornices were free. On speculum examination the cervix and vagina were healthy

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and showed hypoenestrogenism Vaginal cytology showed parabasal cells indicative of oestrogen deficiency.

Investigations: X-ray skull (coned view) did not reveal any radiological evidence of pituitary tumour and visual fields were normal. Her hormonal profile: F S H, L.H., 17-ketosteroids, PBI, TSH and T3, T4 levels were normal. Serum Prolactin was 200.1 ng/ml. Subsequently CAT Scan was done which revealed the high possibility of pituitary microadenoma. Patient was put on Bromocriptine $\frac{1}{2}$ tablet B.D. for one week, $\frac{1}{2}$ T.D.S. for one week, 1 TDS for 1 month and then 1 at bed time for another 10 days. Following this therapy the quantity of milk secretion diminished significantly and patient had a relief of symptom of excessive galactorrhoea though her menses did not start. B.B.T. Chart did not show any evidence of ovulation. The follow-up study showed that the level of prolactin came to 100 ng/ml. After one year following the therapy, the prolactin level came down to 15 ng/ml. The patient is still under regular follow-up by clinical examination, visual fields and serum prolactin levels.