中文題目：盲目的孕媽咪！

英文題目：Visual field defect in pregnancy: An unique case of pregnancy-induced development of macroprolactinoma

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Background

Prolactinomas are adenomas arising from lactotroph cells in the pituitary gland that secrete prolactin. Physiologic pituitary gland enlargement is common during normal pregnancy. However, symptoms such diplopia, visual field loss and headache resulting from physiologic enlargement are rare in normal pituitary gland and microprolactinoma.

We present here a young female with high prolactin and normal pituitary gland, who developed pituitary macroadenoma with bitemporal hemianopsia during pregnancy, and recovered eventually after delivery.

Case presentation:

A 36-year-old women presented to the endocrine clinic for galactorrhea and menstrual disturbance for 1 year duration. There was no history to suggest thyroid dysfunction, systemic or psychiatric disorder, or self-drug intake. Hormone profile revealed hyperprolactinemia (221 ng/ml) with normal thyroid and gonadal axis evaluation. Dynamic and contrast enhanced MRI study showed normal pituitary gland. She was managed with 0.5 mg of cabergoline twice weekly.

Three months later, she lost OPD follow up when she was pregnant, and decided not to take cabergoline by herself. However dimmed vision over temporal filed was developed progressively after pregnant. She came to ophthalmology clinic and visual field test showed bitemporal hemianopsia. A repeat brain MRI was arranged which revealed a 1.2cm pituitary macroadenoma and combined with suprasellar extension. The patient did not receive medication and was lost to follow-up again.

Fortunately, she delivered smoothly, and the baby was unaffected. She went to the endocrine clinic for follow up 6 months later after delivery. Visual defect improved markedly and repeated perimetry showed quite improved visual fields compared to the previous report. Brain MRI also demonstrated regression of the pituitary mass.

Cabergoline was restarted again and her prolactin levels became undetectable (<40 ng/ml).

Conclusion :

Current guidelines suggested that in hyperprolactinemic patients with normal MRI or microprolactinoma, there is no need for either prolactin level, brain MRI, or visual field surveillance during pregnancy. While this is applicable for the majority of such cases, our patient was an exception.

This case suggests that endocrinologist should still keep cautious for such patients during their pregnancy, and arrange surveillance follow up until delivery. If future pregnancy is aspired, then it is important to have pre-pregnancy counselling to discuss the potential risk of macroadenomatous transformation.