

AGGRESSIVE PITUITARY ADENOMAS AND SEX HORMONE DISORDERS.

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Introduction: Pituitary adenomas are common and asymptomatic, so the detectability per 100 thousand population is only 2 people. The clinical picture of pituitary tumors is very variable, since single neoplasms remain unchanged for a long time, many grow slowly, rapid tumor growth is observed in rare cases. There are no studies in the literature reporting psychosexual disorders of aggressive pituitary adenomas, which was the purpose of the present study.

Purpose of the work. Analyze the features of the clinic aggressive pituitary adenomas depending on hormonal activity, gender, age, as well as study psychosexual disorders associated with sex hormones due to dysfunction of pituitary hormones - pangipopituitarism.

Research material and methods. The work was performed at the Republican Specialized Scientific and Practical Medical Center of Endocrinology named after Academician Y. H. Turakulov. To assess the psychosexual condition, 23 patients diagnosed with aggressive pituitary adenoma (APA) were involved in the study. The International Index of Erectile function questionnaire was conducted in 9 men under 35 years of age to assess erectile dysfunction. The Female Sexual Desire Questionnaire (FSDQ) assessed libido impairment in 14 women under the age of 31.

Study results. It was revealed that aggressive pituitary adenomas clinically may have some features, characteristic only for tumors with aggressive course. APAs are invasive. In AAG, aggressiveness manifests itself from the moment of diagnosis or develops from several months to more than several years. The course of APA is sometimes interrupted by periods of radiological and hormonal remission, which does not exclude aggressiveness. Characteristic of AAG: headache and vision loss. Macroadenomas can be invasive, but not often clinically aggressive. Aggressive pituitary adenomas typically include combination therapy, including medication, surgery, and radiation therapy, to control hormonal disorders and tumor growth. According to the results of studies, 26.1% (n = 6) of men demonstrated low IIEF scores (< 14 out of 30) in domain A. About 4.3% (n = 1 patient) demonstrated primary and ejaculatory dysfunction (domain B), 8.7% (n = 2) of patients were with reduced sexual desire (domain C). At the same time, 39.2% (n = 9) of women are classified as domain C by FSDQ, about 8.7% (n = 2) and 13.0% (n = 3) by domains B and C, respectively.

Conclusions: Thus, it has been revealed that psychosexual dysfunction in patients with APA has a greater effect on the female sex than on the male sex, which highlights the crucial role of the individual approach, early initiation of hormone replacement therapy.

References:

1.Colao, A., Grasso, L.□F., Pivonello, R. & Lombardi,□G. Therapy of aggressive pituitary tumors. Expert Opin. Pharmacother. 12, 1561–1570 (2011)