



EP881

< Prev

Next >

^ Section

^ Contents

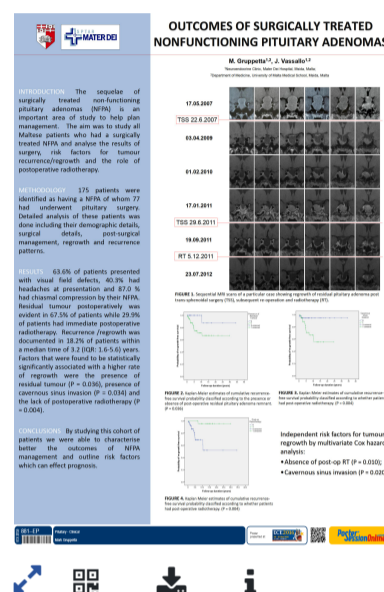
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< >

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Outcomes of surgically treated nonfunctioning pituitary adenomas

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Introduction: The sequelae of surgically treated non-functioning pituitary adenomas (NFPA) is an important area of study to help plan management. The aim was to study all Maltese patients who had a surgically treated NFPA and analyse the results of surgery, risk factors for tumour recurrence/regrowth and the role of postoperative radiotherapy.

Materials and methods: One hundred and seventy-five patients were identified as having a NFPA of whom 77 had underwent pituitary surgery. Detailed analysis of these patients was done including their demographic details, surgical details, post-surgical management, regrowth and recurrence patterns.

Results: 63.6% of patients presented with visual field defects, 40.3% had headaches at presentation and 87.0% had chiasmal compression by their NFPA. Residual tumour postoperatively was evident in 67.5% of patients while 29.9% of patients had immediate postoperative radiotherapy. Recurrence /regrowth was documented in 18.2% of patients within a median time of 3.2 (IQR: 1.6-5.6) years. Factors that were found to be statistically significantly associated with a higher rate of regrowth using Kaplan-Meier estimates were the presence of residual tumour ($P=0.036$), presence of cavernous sinus invasion ($P=0.034$) and the lack of postoperative radiotherapy ($P=0.004$). Independent risk factors for tumour regrowth using multivariate Cox hazard analysis were absence of post-op radiotherapy ($P=0.010$) and cavernous sinus invasion ($P=0.020$).

Conclusion: By studying this cohort of patients we were able to characterise better the outcomes of NFPA management and outline risk factors which can effect prognosis.

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