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# Presentation, treatment and outcomes in patients with non-functioning pituitary adenomas (NFPA) in Malta

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Aim: To evaluate epidemiology, clinical presentation, treatment and subsequent outcomes in Maltese patients with NFPA.

Methods: Retrospective case record study of all patients with NFPA.

Results: Forty-eight patients with a NFPA were identified with an estimated prevalence of 1.16 per 10 000 population. 58% of these were male and the mean age at presentation was 50.6 years (S.D. 13.4 years) (men – 52.5 years; women – 48 years). The main presenting symptoms were visual field defects (66.7%), headache (54.2%) and hypogonadism (28.9%). 12.5% of patients presented with pituitary apoplexy. All tumours were macroadenomas at presentation.

Surgery was the treatment of choice in 85.4% of the patients. Total extirpation of the tumour was achieved in 43.9% of patients. Adjuvant radiotherapy was performed after surgery in 58.5% of patients and in one patient without previous surgery. At follow up (mean 9.0 years; S.D. 5.8 years), 56.1% of patients had incomplete resection of tumour, with 30.4% of these having re-growth of the tumour remnant. No recurrences were noted in those with total resection of tumour.

At diagnosis, 72.9% of patients were GH deficient, 64.6% were hypogonadal, 52.1% were thyroxine deficient and 45.8% cortisol deficient and adequately replaced. At mean 9.0 years follow up, 68.8% of patients were cortisol deficient and 79.2% were thyroxine deficient and adequately replaced. 22.9% of all the cohort had DM at mean 9 years follow-up; 25.8% of those who had their adrenal axis deficient and replaced, and 24.3% of those who had their GH axis suppressed had DM.

Conclusions: NFPA need an extensive work up at diagnosis. Long-term follow up is essential due to the risk of regrowth of the tumour and development of complications as a result of the NFPA of hypopituitarism and onset of other diseases such as DM.

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