

## K. Gorgi<sup>\*a</sup> (Dr), L. Echchad<sup>a</sup> (Dr), K. Rifai<sup>a</sup> (Prof), H. Iraqi<sup>a</sup> (Prof), MH. Gharbi<sup>a</sup> (Prof) <sup>a</sup> Endocrinologie, Rabat, MAROC

## INTRODUCTION

Pituitary adenomas are benign tumors that develop on the anterior pituitary cells. The diagnosis of pregnancy in a patient with a pituitary adenoma is a rare event in clinical practice. The management is multidisciplinary.

We report the case of a patient with a pituitary macroadenoma associated with pregnancy.

## **OBSERVATION**

A 33 year old female patient with no notable history, who consulted for spontaneous galactorrhoea associated with secondary amenorrhea evolving for 3 years,

Biologically: IGF1 at 366 (87-278) or 1.3\*normal GH at 1.76 (0.06-1.23) i.e. 1.4\*normal and Prolactin at 173ng/ml (7\*normal),

Morphologically a pituitary macroadenoma with infra and supra sellar extension and to the cavernous loges.

The patient was put on Cabergoline, the evolution was marked by the occurrence of a pregnancy requiring a strict clinical, ophthalmological and radiological monitoring, until the delivery.

## **DISCUSSION ET CONCLUSION**

A somatotropic adenoma can be responsible for female infertility by several mechanisms: functional hyperprolactinemia (or disconnection) and organic hyperprolactinemia (mixed GH and prolactin adenoma)

In practice, the occurrence of pregnancy in patients with a macroadenoma is less and less exceptional. Management must be multidisciplinary and treatment is mainly medical, with surgery remaining an option of last choice, especially in the case of pregnancy, where strict monitoring is required.

\*Référence: A. Draibin, H. El Halouate, S. Badssi, A. Chenguiti Anssari, S. Amrani, S. Bargach Macroadénome hypophysaire et grossesse Service de gynécologie obstétrique C, CHU Ibn Sina Rabat .