Diagnosis and treatment of prolactinomas in older people

SIR—The case reported by Dr Sarkar and colleagues in the September issue of _Age and Ageing_ [1] further illustrates that the classical symptoms of male prolactinoma, including impotence and visual changes, may remain undetected in older people who will present more frequently than younger with non-specific symptoms usually related to hypopituitarism, such as confusion [2]. The authors indicate that in a Medline search of the literature since 1966, they found only one case of prolactinoma presenting with confusion. In
fact, at least three such cases have been published recently [2–4].

The authors also discuss the cause of confusion in their patient. His neurological status did not improve after ventriculo-peritoneal shunting but well after bromocriptine-induced tumour shrinkage. In this setting, the underlying mechanism of the neurological decline is more likely to be hypopituitarism than hydrocephalus. Proper screening tests for hypopituitarism should include morning basal cortisol and thyroxine levels [2]. Cortisol was reported to be normal (although no value was given). Thyroid stimulating hormone was also normal, but the endocrine profile presented did not include thyroxine. Central hypothyroidism can certainly not be excluded on this basis.

Finally, I do not understand why the patient was treated by ventriculo-peritoneal shunting and not directly by dopamine agonist therapy. Medical treatment seems at least as effective in older people with prolactinomas as in younger [2] and can be put forward as primary treatment in most cases, including non-emergency cases of hydrocephalus induced by massive prolactinomas [3].

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Dr Sarkar was invited to reply but unfortunately was unable to do so as he has moved hospitals and no longer has ready access to the medical notes relevant to his paper.