

Hyperprolactinemia in post menopausal women : a case report

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Introduction:

The incidence of hyperprolactinemia in women peaks during the 3rd-4th decade and then greatly decreases after the menopause. It has been linked to secondary osteoporosis, weight gain and insulin resistance, which can be ameliorated following medical treatment.

Although relatively rare, prolactinomas can be observed in post-menopausal women

Case report :

Here, we report the case of a 57 years old female with a history of cervical pain treated by neuroleptic , who presented with secondary amenorrhea and galactorrhea for 2 years ,persisting despite the withdraw of medication On examination, her body mass index was 32 kg/m² ,her blood pressure was 130/80 mmHg without goiter or hyperandrogenic signs , galactorrhea was also present after breast pressure Her prolactin level was 2735 μ UI / L, TSH was 0,88 μ UI/ml, and FSH = 15,1mUI/ml , LH= 4,1mUI/ml . The MRI showed an adenoma of 8mm. Her bone mass density showed a low bone strength . She was treated by dopamine agonist with a favorable issue. After 6 months of treatment ,she developped hot flashes for the first time in her life ,and her plasma FSH and LH levels were high

Discussion :

Hyperprolactinemia is often a disease of young women,its incidence peaks during the 3rd -4rd decade and then greatly decreases after menopause . The usual signs and symptoms include secondary amenorrhea ,galactorrhea and infertility. Because prolonged hyperprolactinemia carries its toll in morbidity, all efforts should be made to diagnose this disease earlier .In fact, hyperprolactinemia is a recognized cause of secondary osteoporosis and treatment with dopamine agonists can lead to improved bone density (1).Moreover, some studies suggest that hyperprolactinemia is involved in the etiology of breast cancer ,particularly among post menopausal women with prolactin concentrations above 11 ng/ml(2)

hyperprolactinemia was associated in our patient with the absence of hot flashes and treatment with cabergoline resulted in an increase in plasma LH and FSH to levels in the menopausal range (3)

Conclusions

This observation highlights the importance of considering the diagnosis of hyperprolactinemia due to pituitary adenoma mainly in premenopausal women; Symptoms can be confused with those of menopause responsible for a diagnosis delay

Medical treatment should be discussed based on osteoporosis and neoplastic risks

References:

1-D. Seriwatanachai, N. Krishnamra, J.P. van Leeuwen, Evidence for direct effects of prolactin on human osteoblasts: Inhibition of cell growth and mineralization. J. Cell. Biochem.,2009

2-Shelley S ,tworroger ,A 20-year prospective study of plasma prolactin as a risk marker of breast cancer development

3-BERT SCOCCIA Pathological Hyperprolactinemia Suppresses Hot Flashes in Menopausal Women Journal of Clinical Endocrinology and Metabolism 1988