



## PİTÜİTER APOPLEKSİ

Salih Buğra YILMAZ<sup>1</sup>

### TANIM

Pitüiter Apopleksi (PA); hipofiz bezinde enfarktüs ve/veya kanamaya bağlı olarak baş ağrısı, görme bozukluğu ve bilinç değişikliği ile karakterize bir sendromdur (1).

### TARİHÇE

Pearce Bailey, 1898’de ilk hipofiz tümörü ilişkili kanama vakasını tanımlamıştır. İkinci tanım, 1905 yılında genç bir akromegalik hastada hemorajik hipofiz enfarktüsü otopsi olgusudur. Ancak hem nekroz hem de hipofiz tümörlerinde kanamaya atıfta bulunan hipofiz apopleksi terimi ilk olarak 1950’de Brougham ve ark. tarafından kullanılmıştır (2, 3).

### EPİDEMİYOLOJİ

Pitüiter apopleksi tüm hipofiz adenomlarının %0,6 ila %10’unda görülebilen bir komplikasyondur (4). Erkeklerde daha sık görülür, genel insidans 6,2/100 000’dir (5). Modern zaman serilerinde %0 ila %15,3 mortalite bildirilmektedir (6, 7). Hastaların çoğu 37-58 yaş aralığındadır(8). Vakaların %75’ten fazlasında apopleksi sırasında hipofiz tümörü tanısı bilinmemektedir (3).

### ETİYOLOJİ

Pitüiter apopleksi vakalarında genellikle altta yatan bir hipofiz adenomu bulunur. Olguların çoğunda hastalar tümörden habersizdir (9). Pitüiter apopleksi kla-

<sup>1</sup> Uzm. Dr. Gaziantep Nizip Devlet Hastanesi Beyin ve Sinir Cerrahisi Bölümü  
salihbugrayilmaz89@gmail.com

## KAYNAKLAR

1. Verrees M, Arafah BM, Selman WR. Pituitary tumor apoplexy: characteristics, treatment, and outcomes. *Neurosurg Focus*. 2004;16(4):E6.
2. Mayol Del Valle M, De Jesus O. Pituitary Apoplexy. *StatPearls*. Treasure Island (FL)2021.
3. Briet C, Salenave S, Bonneville JF, Laws ER, Chanson P. Pituitary Apoplexy. *Endocr Rev*. 2015;36(6):622-45.
4. Fernandez-Balsells MM, Murad MH, Barwise A, Gallegos-Orozco JF, Paul A, Lane MA, et al. Natural history of nonfunctioning pituitary adenomas and incidentalomas: a systematic review and metaanalysis. *J Clin Endocrinol Metab*. 2011;96(4):905-12.
5. Sun Md Z, Cai Md X, Li Md Y, Shao Md D, Jiang Ph DZ. Endoscopic Endonasal Transsphenoidal Approach for the Surgical Treatment of Pituitary Apoplexy and Clinical Outcomes. *Technol Cancer Res Treat*. 2021;20:15330338211043032.
6. Rajasekaran S, Vanderpump M, Baldeweg S, Drake W, Reddy N, Lanyon M, et al. UK guidelines for the management of pituitary apoplexy. *Clin Endocrinol (Oxf)*. 2011;74(1):9-20.
7. Kniestedt C, Stamper RL. Visual acuity and its measurement. *Ophthalmol Clin North Am*. 2003;16(2):155-70, v.
8. Ricciuti R, Nocchi N, Arnaldi G, Polonara G, Luzi M. Pituitary Adenoma Apoplexy: Review of Personal Series. *Asian J Neurosurg*. 2018;13(3):560-4.
9. Biousse V, Newman NJ, Oyesiku NM. Precipitating factors in pituitary apoplexy. *J Neurol Neurosurg Psychiatry*. 2001;71(4):542-5.
10. Randall BR, Couldwell WT. Apoplexy in pituitary microadenomas. *Acta Neurochir (Wien)*. 2010;152(10):1737-40.
11. Nakhleh A, Assaliya Naffa M, Sviri G, Shehadeh N, Hochberg I. Outcomes of pituitary apoplexy: a comparison of microadenomas and macroadenomas. *Pituitary*. 2021;24(4):492-8.
12. Moller-Goede DL, Brandle M, Landau K, Bernays RL, Schmid C. Pituitary apoplexy: re-evaluation of risk factors for bleeding into pituitary adenomas and impact on outcome. *Eur J Endocrinol*. 2011;164(1):37-43.
13. Veldhuis JD, Hammond JM. Endocrine function after spontaneous infarction of the human pituitary: report, review, and reappraisal. *Endocr Rev*. 1980;1(1):100-7.
14. Mayol Del Valle M, De Jesus O. Pituitary Apoplexy. *StatPearls*. Treasure Island (FL)2022.
15. Kruse A, Astrup J, Cold GE, Hansen HH. Pressure and blood flow in pituitary adenomas measured during transsphenoidal surgery. *Br J Neurosurg*. 1992;6(4):333-41.
16. Oldfield EH, Merrill MJ. Apoplexy of pituitary adenomas: the perfect storm. *J Neurosurg*. 2015;122(6):1444-9.
17. Arafah BM, Prunty D, Ybarra J, Hlavin ML, Selman WR. The dominant role of increased intrasellar pressure in the pathogenesis of hypopituitarism, hyperprolactinemia, and headaches in patients with pituitary adenomas. *J Clin Endocrinol Metab*. 2000;85(5):1789-93.
18. Barkhoudarian G, Kelly DF. Pituitary Apoplexy. *Neurosurg Clin N Am*. 2019;30(4):457-63.
19. Briet C, Salenave S, Chanson P. Pituitary apoplexy. *Endocrinol Metab Clin North Am*. 2015;44(1):199-209.
20. Dubuisson AS, Beckers A, Stevenaert A. Classical pituitary tumour apoplexy: clinical features, management and outcomes in a series of 24 patients. *Clin Neurol Neurosurg*. 2007;109(1):63-70.
21. Ayuk J, McGregor EJ, Mitchell RD, Gittoes NJ. Acute management of pituitary apoplexy--surgery or conservative management? *Clin Endocrinol (Oxf)*. 2004;61(6):747-52.
22. Ahmed SK, Semple PL. Cerebral ischaemia in pituitary apoplexy. *Acta Neurochir (Wien)*. 2008;150(11):1193-6; discussion 6.
23. Danesh-Meyer HV, Wong A, Papchenko T, Matheos K, Stylli S, Nichols A, et al. Optical coherence tomography predicts visual outcome for pituitary tumors. *J Clin Neurosci*. 2015;22(7):1098-104.
24. Marx C, Rabilloud M, Borson Chazot F, Tilikete C, Jouanneau E, Raverot G. A key role for conservative treatment in the management of pituitary apoplexy. *Endocrine*. 2021;71(1):168-77.
25. Almeida JP, Sanchez MM, Karekezi C, Warsi N, Fernandez-Gajardo R, Panwar J, et al. Pituitary Apoplexy: Results of Surgical and Conservative Management Clinical Series and Review of the Literature. *World Neurosurg*. 2019;130:e988-e99.
26. Sipos L, Szucs N, Varallyay P. Pituitary apoplexy: Surgical or conservative management? *Orv Hetil*. 2021;162(38):1520-5.