Bölüm 23

HİPERPROLAKTİNEMİ AYIRICI TANISINDA YAŞANAN ZORLUKLAR

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GİRİŞ

Prolaktin (PRL), polipeptid yapıda bir hormon olup hipotalamustan salgılanan PRL salgılatıcı ve inhibe edici faktörlerin kontrolü altında sentezi ve salınımı anterior hipofizdeki laktotrof hücrelerden gerçekleşir. Temel görevi laktasyon olmasına rağmen ayrıca nörotransmitter, büyüme faktörü veya immünregülatör olarak da rol oynayabilir. Prolaktin için normal değer aralığı 5-20 ng/mL'dir [(1)].

Standart değerlerin üzerindeki ölçülmüş serum PRL seviyesi olarak tanımlanan hiperprolaktinemi, hipogonadizmin sık nedenlerindendir ve rutin endokrin pratikte en sık karşılaşılan problemlerden biridir [(2,3)]. Amenore, oligomenore, galaktore, infertilite, erektil disfonksiyon tipik hiperprolaktinemi semptomlarıdır. Hiperprolaktinemiye etiyolojik olarak baktığımızda farmakolojik, fizyolojik ve patolojik nedenlerden meydana geldiğini söyleyebiliriz (Tablo-1), (Tablo-2). Hiperprolaktineminin etiyolojisini belirlerken ve PRL düzeylerini yorumlarken, klinisyenlerin yanlış tanıya ve dolayısıyla uygun olmayan tedaviye yol açabilecek bazı durumların farkında olması gerekir. Bu makalede amaç; klinisyenin hiperprolaktinemiye yaklaşım, hatalı PRL yüksekliği nedenlerinin irdelenmesi, erken farkedilmesi ve tedavisi hakkındaki becerilerinin geliştirilmesine katkı sağlamaktır [(3)].

PROLAKTİNİN İZOFORMLARI

Prolaktinin kanda 3 farklı moleküler izoformu bulunmaktadır. Monomerik veya küçük PRL (moleküler ağırlığı 23 kDa), sağlıklı bireylerde ve prolaktinomalı kişilerde toplam PRL'nin % 80-95'ini oluşturur. Dimerik veya big PRL (45-60 kDa) ve big-big PRL veya makroprolaktin (> 150 kDa) toplam PRL'nin % 10'undan daha azını oluşturur. Hiperprolaktineminin klasik semptomlarını göstermeyen bir hastada makroprolaktinemi akla gelmelidir [(4)].

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