

Endonasal endoscopic pituitary adenoma resection

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OBJECTIVES

In the past 10 years endoscopic resection of sellar lesions has become an alternative to classic microsurgical resection with the additional advantage of increasing the patient's post-operative comfort. The main point of this analysis is whether this technique can reduce the risk of a new disorder of neurohypophyseal functions.

METHODS

We rated and compared the need to administer desmopressin to our patients during the first four post-operative days and chronic administration.

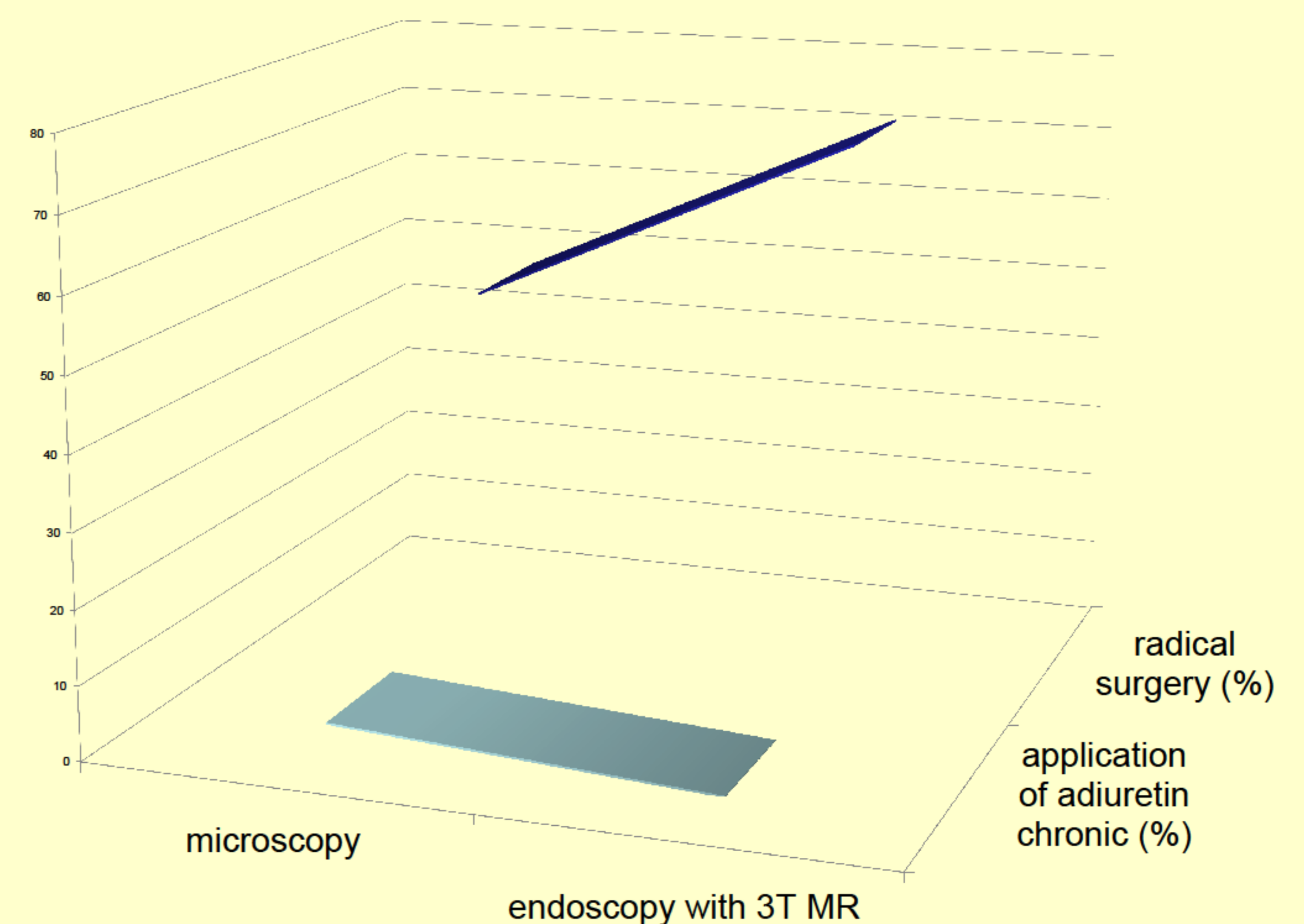
Setting

Two groups of patients were compared: Patients in Group 1 were operated on microscopically. Patients in Group 2 were operated on endoscopically with intraoperative magnetic resonance imaging (iMRI).

Group 1 was made up of 50 patients treated in 1999 and Group 2 comprised 50 patients operated on in 2008.

RESULTS

In group 1 the need to use desmopressin post-operatively occurred in eight patients, whereas three needed chronic treatment with the drug. In group 2 desmopressin had to be administered post-operatively in five patients and only temporarily.



CONCLUSIONS

Endoscopic surgery is a safe and effective method for the resection of sellar lesions. Consequently, in conjunction with iMRI and navigation the endoscopic technique represents increased radicality together with fewer adverse effects.

References

Masopust V, Netuka D, Beneš V, Bradáč O, Marek J, Hána V: Endonasal endoscopic pituitary adenoma resection: preservation of neurohypophyseal function. *J Neurol Surg a Cent Eur Neurosurg.* 2014 Mar 28

