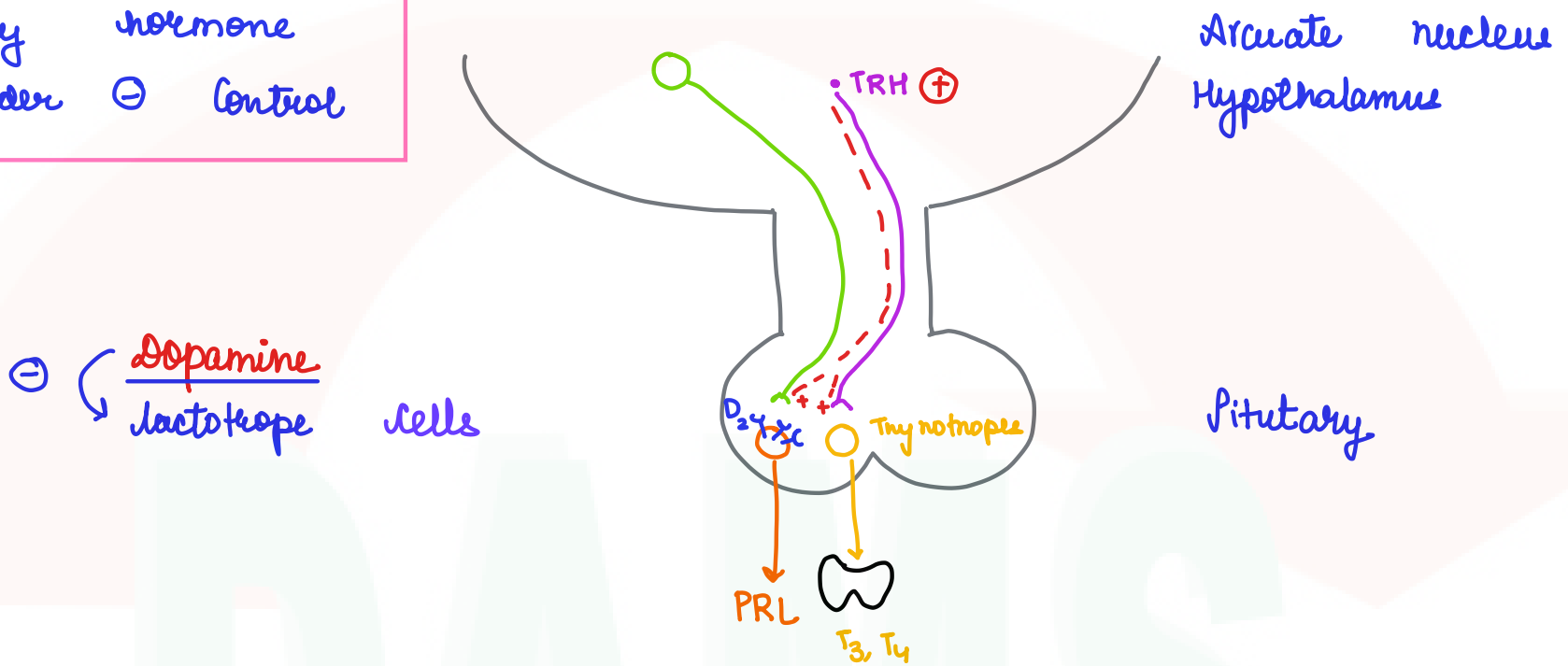


PROLACTIN

∴ Normal Secretion -

Only hormone
under $\ominus$ Control



Dopamine → ↓ PRL
 • Agonist → ↓ PRL
 • Antagonist → ↑ PRL

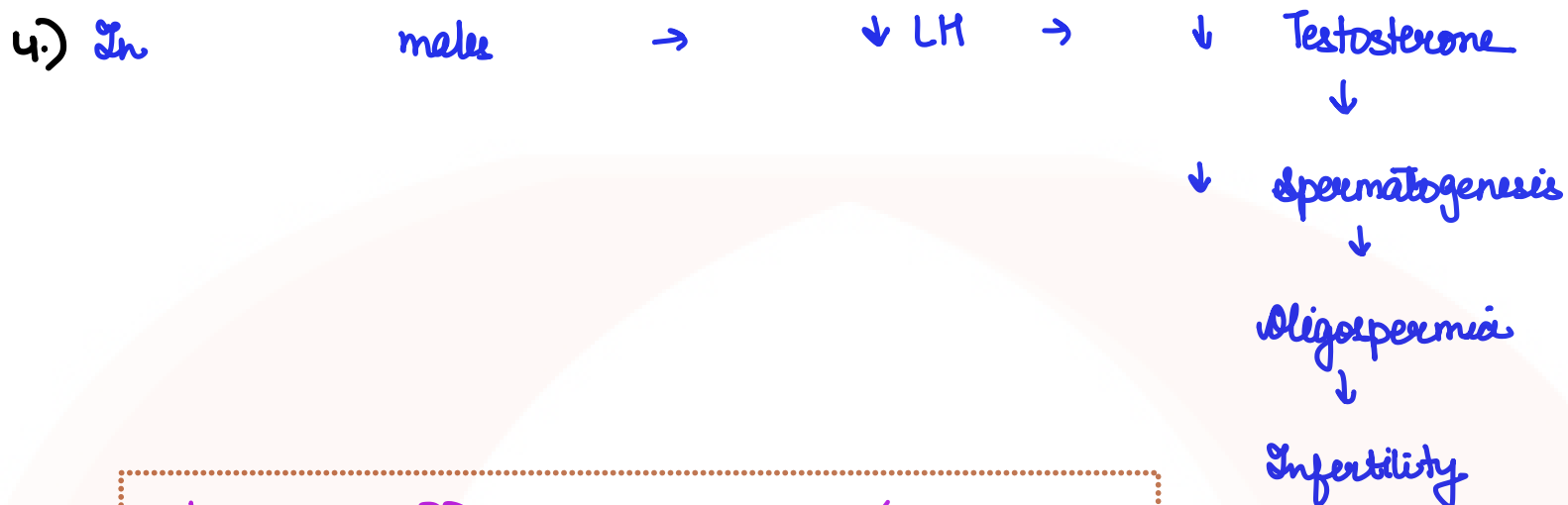
• Stimulators of PRL -

1) TRH - $\oplus$ on lactotrope

2) VIP -

• Normal actions of PRL :-

- 1) Induce and maintain lactation
- 2) Sexual desire (libido)
- 3) $\ominus$ folliculogenesis and Ovulation



Normal PRL level $\div$ < 20 mcg/L

HYPER PROLACTINEMIA-

m/c Pituitary hyper-secrⁿ Syndrome.

- Etiology -

1^o Cause $\rightarrow$

Prolactinoma

(m/c cause of Sec. Prolactin > 200 mcg/L)
 (size of tumor & PRL secretion)

Micro - adenoma

< 1 cm

$\text{♀} > \text{♂}$

20 : 1

Macro - adenoma

≥ 1 cm

$\text{♀} = \text{♂}$

1 : 1

2^o Cause $\rightarrow$

Hypothyroidism

Chronic Renal Failure

PRL $\downarrow$ excreted through kidney

Drugs

∴ Drug-Induced hyper-secⁿ of PRL -
(Harrison's)

V. Drug-induced hypersecretion

Dopamine receptor blockers

Atypical antipsychotics: risperidone

Phenothiazines: chlorpromazine, perphenazine

Butyrophenones: haloperidol

Thioxanthenes

Metoclopramide

Dopamine synthesis inhibitors

α-Methyldopa

Catecholamine depletors

Reserpine

Opiates

H₂ antagonists

Cimetidine, ranitidine

Imipramines

Amitriptyline, amoxapine

Serotonin reuptake inhibitors

Fluoxetine

Calcium channel blockers

Verapamil

Estrogens

Thyrotropin-releasing hormone

eMedicoz

- C/F : Hallmarks :

Amenorrhoea

Galactorrhoea (80%)

Infertility

Hallmarks of hyper-PRL-emia

Management -

PROTOCOL

Step - 1 :

Symptoms ⊕

PRL ↑ sed

Exclude 2° causes

Step - 2 :

MRI - Brain (for Pituitary)

Micro - adenoma

Macro - adenoma

Dopamine - agonist

Dopamine - agonist

(↓ size of tumor)

monitor PRL level

repeat MRI

generally, within 4 months

<20

20-50

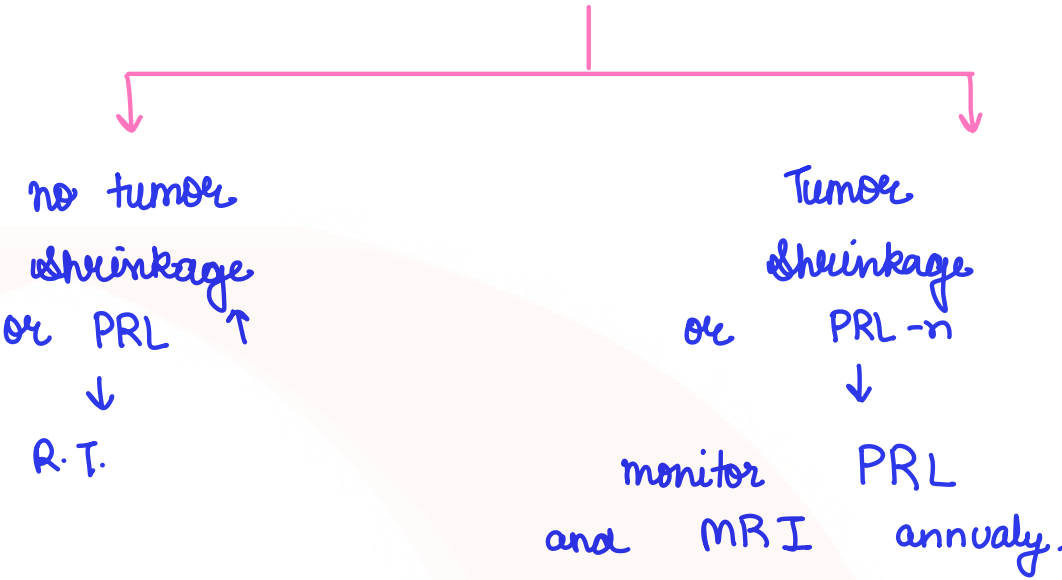
>50

• maintain

• ↑ se close

• surgery

• Radio - therapy



DRUGS

1) Cabergoline -

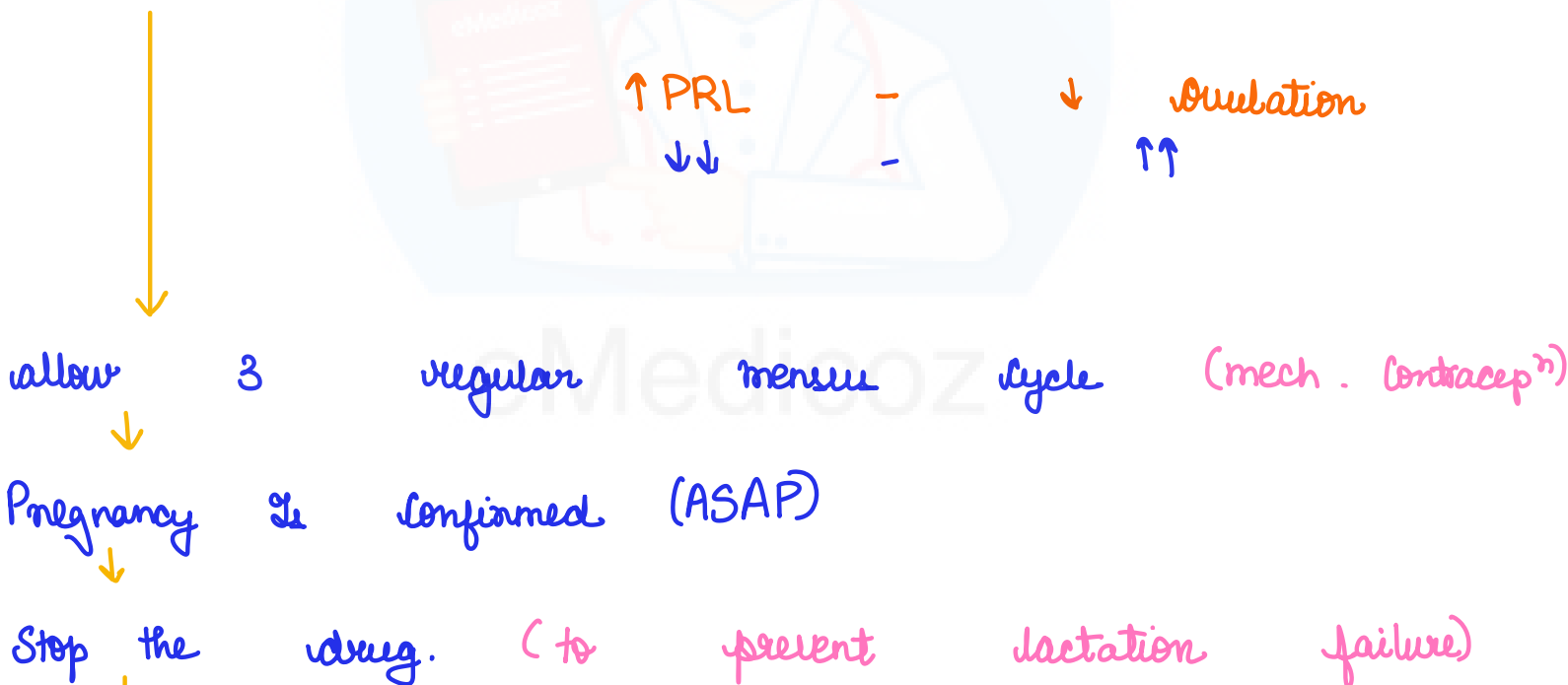
DOC
long acting

2) Bromocriptine -

short acting
preferred when pregnancy - desired.

C.S. 32 ♀ married ; known case of Prolactinoma
(micro / macro) . Amenorrhoea , Galactorrhoea , Infertility .

Ans:- Bromocriptine



micro - adenoma

macro - adenoma

PRL ↑↑

wait n' watch

Severe headache
Size of tumor ↑
↓
Restart the drug

• monitor field of vision

↓
defect
↓

Re-start the drug.

Surgery can be done in pregnancy if vision is threatened.

