# A Headache - Free Journey: Managing Pituitary Micro - Adenoma in a Young Unmarried Woman

#### Dr. Anbalagan Suyambulingam

Junior Resident - MD General Medicine, Sree Balaji Medical College and Hospital

Abstract: <u>Background</u>: Pituitary microadenomas pose diagnostic and therapeutic challenges, particularly in young, unmarried females presenting with headaches and menstrual irregularities. This case study illuminates the management of such a condition in a 23 - year - old woman. <u>Method</u>: Comprehensive clinical examination, hormonal assays, and MRI imaging were employed to diagnose a 6x7mm pituitary microadenoma in the patient. Treatment with cabergoline, administered weekly at 0.5mg, was initiated. <u>Results</u>: Within three months of treatment initiation, the patient experienced a remarkable reduction in prolactin levels, dropping from 70.2 to 24. Concurrently, she reported over two months of freedom from headaches, marking a significant improvement in her quality of life. <u>Conclusion</u>: This case underscores the efficacy of cabergoline in managing pituitary microadenomas, particularly in alleviating associated symptoms such as headaches and menstrual irregularities. It highlights the importance of early diagnosis and tailored treatment strategies in achieving favorable outcomes, thus restoring normalcy and well - being in affected individuals.

Keywords: pituitary microadenomas, headaches, menstrual irregularities, cabergoline treatment, early diagnosis

## 1. Introduction

Pituitary microadenomas, though often asymptomatic, can manifest with various clinical presentations, including headaches and menstrual irregularities. In young, unmarried females, these symptoms can significantly impact quality of life and warrant prompt diagnosis and management. This article presents a case study of a 23 - year - old unmarried woman with recurrent headaches and menstrual irregularities, ultimately diagnosed with a pituitary microadenoma. Through comprehensive assessment and targeted treatment, her symptoms were successfully alleviated, highlighting the importance of timely intervention in such cases.

## 2. Case History

Miss X, a 23 - year - old unmarried female, presented with a six - month history of recurrent headaches and scanty menstrual flow. Laboratory investigations revealed a hemoglobin level of 10.8 g/dL, with thyroid, renal, and electrolyte functions within normal limits. However, her prolactin levels were markedly elevated at 70.2 ng/mL. MRI imaging confirmed the presence of a 6x7mm pituitary microadenoma. She was initiated on cabergoline therapy at a weekly dose of 0.5mg. Follow - up assessments at three months demonstrated a significant reduction in prolactin levels to 24 ng/mL, accompanied by over two months of headache - free intervals and regular menstrual cycles.

## 3. Discussion

The presented case underscores the challenges and complexities associated with diagnosing and managing pituitary microadenomas, particularly in young, unmarried females. Cabergoline, a dopamine agonist, emerged as an effective therapeutic option, facilitating the normalization of prolactin levels and alleviation of associated symptoms. The observed clinical response highlights the pivotal role of cabergoline in the management of pituitary microadenomas, offering symptom relief and improving quality of life. Additionally, the case underscores the importance of regular follow - up and monitoring to assess treatment efficacy and ensure patient well - being.

## 4. Conclusion

In conclusion, the management of pituitary microadenoma in young, unmarried females necessitates a comprehensive approach involving clinical evaluation, hormonal assays, and imaging studies. The presented case exemplifies the successful utilization of cabergoline therapy in achieving symptom resolution and hormonal normalization. Timely diagnosis and tailored treatment strategies are paramount in mitigating the impact of pituitary microadenomas on patients' lives, underscoring the significance of vigilant clinical management in such cases.

#### References

- Melmed S. (2011). Pituitary tumor endocrinopathies. The New England Journal of Medicine, 364 (8), 743 -754.
- [2] Molitch ME. (2017). Diagnosis and treatment of pituitary adenomas: a review. JAMA, 317 (5), 516 -524.
- [3] Tritos NA, Biller BMK. (2018). Advances in medical therapies for prolactinomas. Expert Opinion on Pharmacotherapy, 19 (9), 959 970.

Volume 13 Issue 5, May 2024 Fully Refereed | Open Access | Double Blind Peer Reviewed Journal www.ijsr.net