Comment:

This study by Colao, et al., indicates that a significant proportion of patients harboring prolactinomas who are treated with cabergoline will have persistence of remission following withdrawal of the drug. These results demonstrate the efficacy of cabergoline in the treatment of hyperprolactinemia and its potential for definitive tumor treatment. Of the 36% of patients in this study with macroprolactinomas in whom recurrence of hyperprolactinemia was demonstrated following discontinuation of the drug (median 18 months), none was noted to have recurrent tumor growth. The apparent discordance between the recurrence of hyperprolactinemia (indicating the potential for tumor growth) and MR imaging findings suggests that the duration of the follow-up period was insufficient to determine the true rate of tumor control. The slow growth of prolactinomas is well recognized, and a very slow increase in tumor size may be anticipated in some patients after discontinuation of therapy, as has been documented following bromocriptine therapy in patients who experienced subsequent rises in prolactin levels.4

The prolactin and tumor control rates in this study indicate that medical therapy will become increasingly important for the management of all prolactinomas. Currently, surgery remains an option only for those patients in whom medical therapy has failed or in patients who have microadenomas. A 91% postoperative cure rate that lasts throughout a follow-up period of at least 5 years was realized in a large series of patients with microprolactinomas;1 this finding is in accordance with the results reported by other experienced pituitary surgeons.3,5,7 These statistics render resection a reasonable option, especially in those patients who harbor microadenomas associated with prolactin levels less than 200 ng/ml, in whom a surgical cure would be anticipated.2 Nevertheless, given the approximately 70% cure rate with cabergoline treatment, documented by Colao, et al., the number of patients with prolactinomas seeking surgical treatment will definitely become reduced.6
References