

The Basic Pituitary Disease / Pituitary Tumor Work-up

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Pituitary disorders often have very non-specific signs and symptoms making the diagnosis challenging for any clinician. Yet the biggest obstacle to diagnosing pituitary disease is the consideration of pituitary disease as the etiology of a patient's ailments. For a more complete review of the signs and symptoms of pituitary disorders, please visit: "Especially for Health Care Professionals" at www.OHSUpituitary.com.

Patients often spend years wandering through the health care system before ultimately being diagnosed with a pituitary tumor or disease. The following table is intended to aid the health care professional in performing a focused work-up to quickly rule-in or rule-out a pituitary disorder.

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Hormones to check

Prolactin
8:00 a.m. serum cortisol and ACTH
(or cortrosyn stimulation test)
TSH and Free T4
LH and FSH
Testosterone (men)
IGF-1 (Insulin-like Growth Factor-1)

24 hour Urine Free Cortisol (for Cushing's)

Imaging (if indicated)

Head MRI (with and without gadolinium)

While a preliminary recognition of pituitary disease can be challenging, the initial basic work-up for pituitary disease is straightforward and can be easily initiated if pituitary disease is suspected. A head MRI should be performed if either the laboratory evaluation indicates the presence of pituitary disease or if a space-occupying lesion is suspected. The correct interpretation of the laboratory evaluation can sometimes be difficult due to the nuances of pituitary disease; assistance in this process is offered by the OHSU Pituitary Unit on-line at www.OHSUpituitary.com or by email at Pituitary@ohsu.edu.