Hyperprolactinemia: Review drug history, drug use and physiologic etiologies

- Repeat prolactin level

  Abnormal

  - TSH level

    Elevated

    - Repeat TSH and hypothyroid by thyroid function tests

    Elevated TSH and hypothyroid by thyroid function tests

    Treat hyperthyroidism

    - Repeat prolactin and TSH in 6-12 weeks
    - Document resolution

  Normal

  - MRI or CT scan

    Normal scan or hyperplasia

    Microadenoma: Discuss risks with pregnancy

    Macroadenoma
    - Formal visual field test
    - Neurosurgical consultation
    - Discuss risks with pregnancy

    Coned-down view may be appropriate in certain situations. In cases of clear drug-induced hyperprolactinemia, a scan may not be required

    - Repeat TSH and hypothyroid by thyroid function tests

    Elevated TSH and hypothyroid by thyroid function tests

    Treat hyperthyroidism

    - Repeat prolactin and TSH in 6-12 months

    Microadenoma: Prolactin levels and CNS symptoms return to normal

    Initially scan at six months and 1-4 years thereafter

    Micro or Macroadenoma

    Neurosurgery

    No further scans required unless CNS signs or symptoms develop or prolactin level increases

    Regular periods or

    - Progestin challenge every 3 months

    - Amenorrhea

    Bromocroptine
    - Insure periods
    - Resume or replace (ERT or OCP)

    OCPs

    ERT

    Microadenoma:
    - Decreased prolactin
    - Absent CNS signs or symptoms

    Repeat MRI in 6-12 months

    Expectant management

    Repeat prolactin and TSH in 6-12 weeks

    Document resolution

    - Microadenoma: Prolactin levels and CNS symptoms return to normal

    No further scans required unless CNS signs or symptoms develop or prolactin level increases

    Initially scan at six months and 1-4 years thereafter

    Neurosurgery