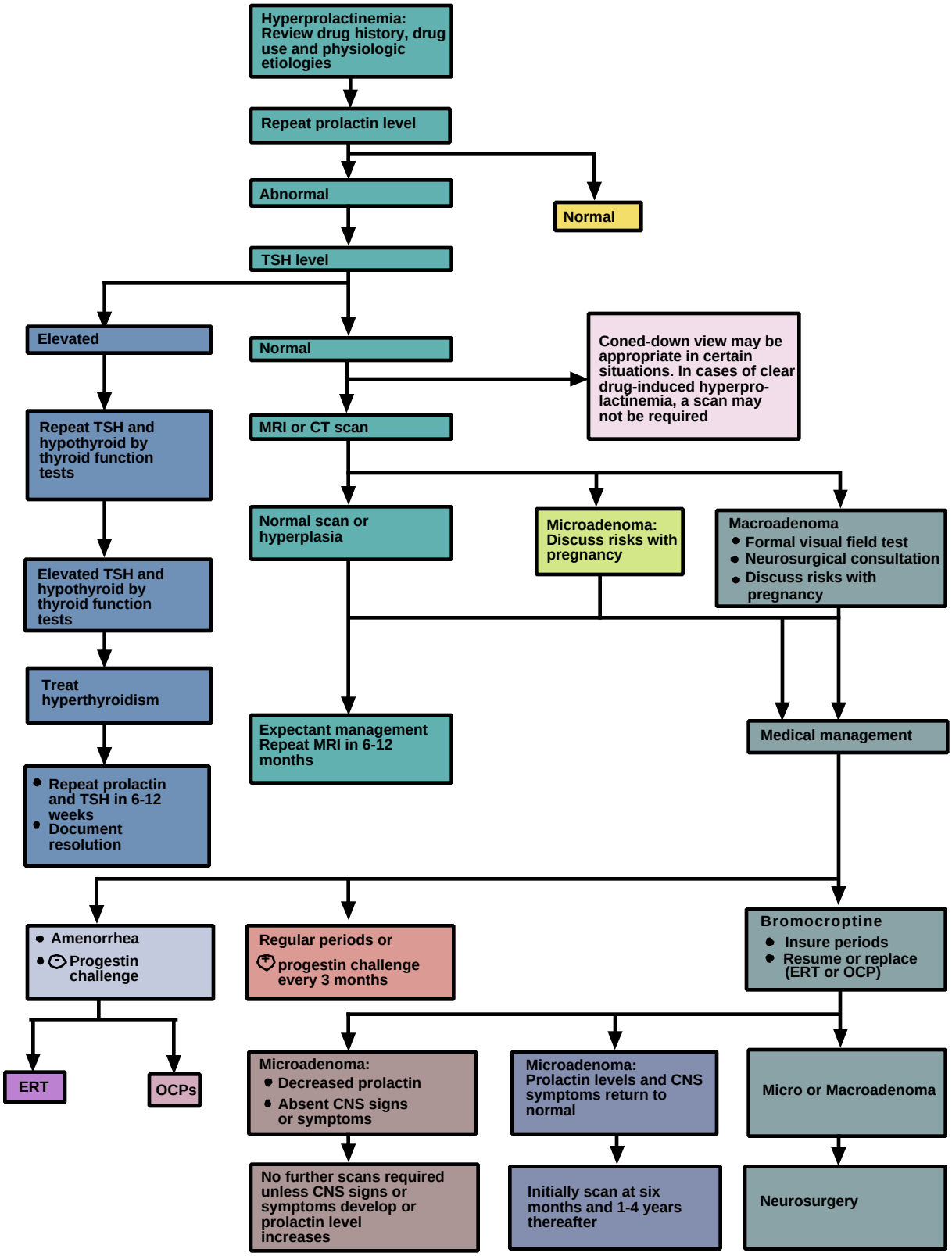
Hyperprolactinemia: Review drug history, drug use and physiologic etiologies
Repeat prolactin level
Abnormal
Normal
TSH level
Elevated
Normal
Coned-down view may be appropriate in certain situations. In cases of clear drug-induced hyperpro-lactinemia, a scan may not be required
Repeat TSH and hypothyroid by thyroid function tests
MRI or CT scan
Normal scan or hyperplasia
Microadenoma: Discuss risks with pregnancy
Macroadenoma
Formal visual field test
Neurosurgical consultation
Discuss risks with pregnancy
Elevated TSH and hypothyroid by thyroid function tests
Treat hyperthyroidism
Expectant management Repeat MRI in 6-12 months
Medical management
Repeat prolactin and TSH in 6-12 weeks
Document resolution
Amenorrhea
Progestin challenge
Regular periods or
progestin challenge every 3 months
Bromocroptine
Insure periods
Resume or replace (ERT or OCP)
ERT
OCPs
Microadenoma:
Decreased prolactin
Absent CNS signs or symptoms
Microadenoma: Prolactin levels and CNS symptoms return to normal
Micro or Macroadenoma
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