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Pregnancy after secondary amenorrhea due to pituitary tumor treatment: A case report

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Background: Pregnancy is uncommon occurrence in a woman with pituitary tumor. This tumor interrupts the normal reproductive cycles resulting symptoms of amenorrhea, anovulation and, consequently, infertility. Optimal medical and surgical management of pituitary tumor is often required to restore the reproductive cycle and fertility in this woman.

Aim: To report a case of a patient with pituitary tumor who had pregnancy and resume of menses after surgery and medical therapy.

Case presentation: A 29 years old women, P0A1 presented with amenorrhea for 12 months and headache. Her gynecological ultrasonography presented no abnormalities, her prolactin level was high, and her Luteinizing and follicle hormone was low, imaging studies showed pituitary macroadenoma. She underwent TSSBS and dopamine agonist therapy. She had complete hormonal remission after 3 months prior to surgery, her menses resume, and she was pregnant after 6 months from surgery.

Conclusion: It is important to evaluate amenorrhea with pituitary adenoma patient comprehensively; an optimal medical and surgical management will give possibility of a good outcome.

Biography

Nadya Magfira is a post graduate student at University of Indonesia, Jakarta Indonesia. She is currently completing a Master of Clinical Epidemiologic and is a medical doctor in Krakatau Medical Hospital, Indonesia.

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