



 Associazione Italiana Radioterapia Oncologica

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Enza Barbieri
Coordinatore Commissione Scientifica
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XXI° CONGRESSO NAZIONALE AIRO
Genova, 19-22 novembre 2011
Magazzini del Cotone
Porto Antico

Adenomi dell'ipofisi

A. Signorelli, E. Pirola, D. Gianola, F. Biroli
Neurochirurgia – Ospedali Riuniti di Bergamo

www.neuro-signorelli.it

Epidemiologia

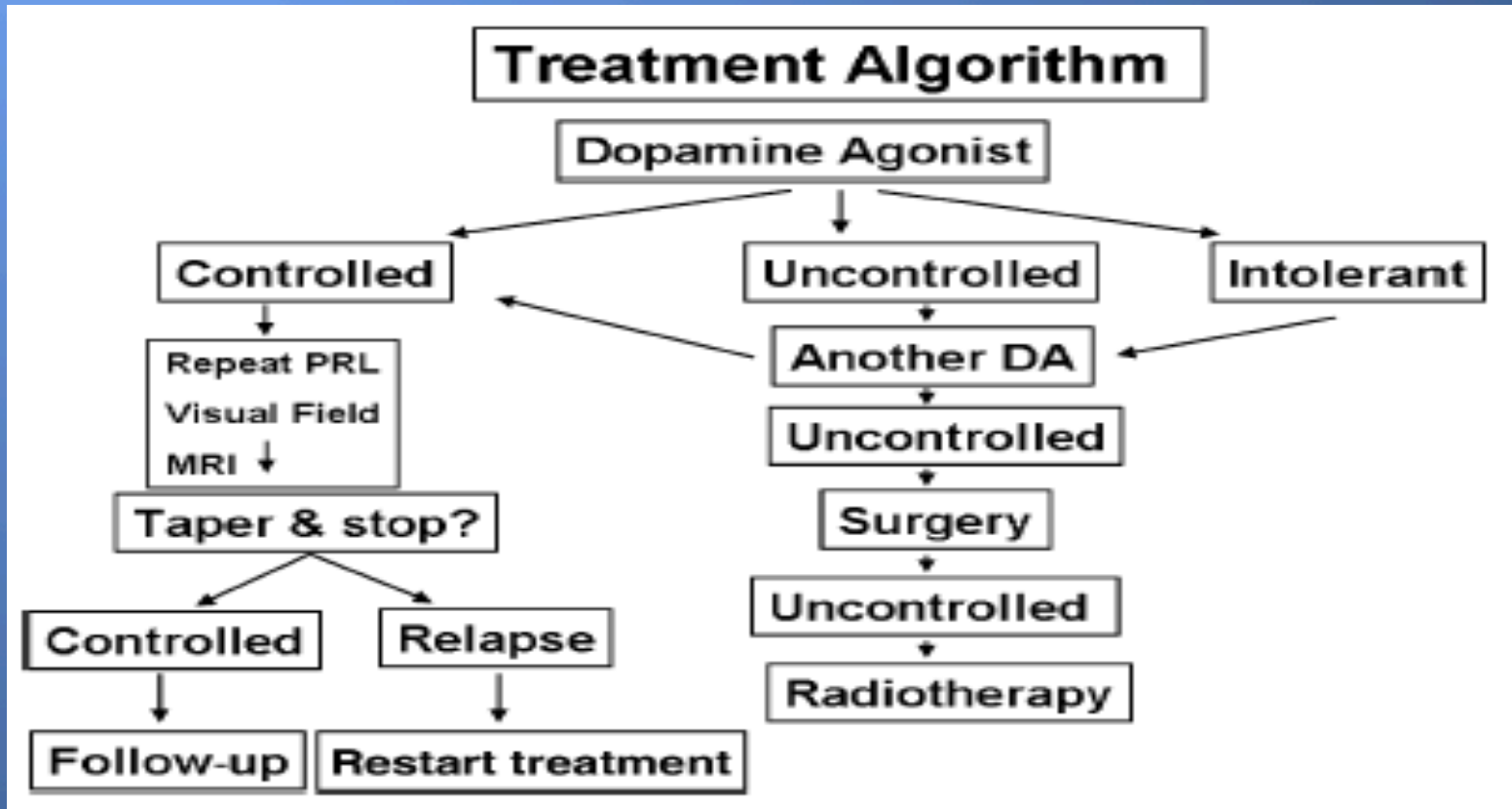
- Gli adenomi dell'ipofisi sono circa 8% di tutti i tumori intracranici. Incidentalomi ipofisari sono stati ritrovati in circa il 10% delle serie autoptiche.
- Circa il 45% dei tumori ipofisari sono prolattinomi, 10% sono tumori secernenti GH, il 30% sono tumori non secernenti, 5% sono tumori secernenti ACTH, 10% i tumori secernenti GH-PRL, TSH, FSH, LH.

**Adenomi dell'ipofisi sottoposti a
trattamento medico**

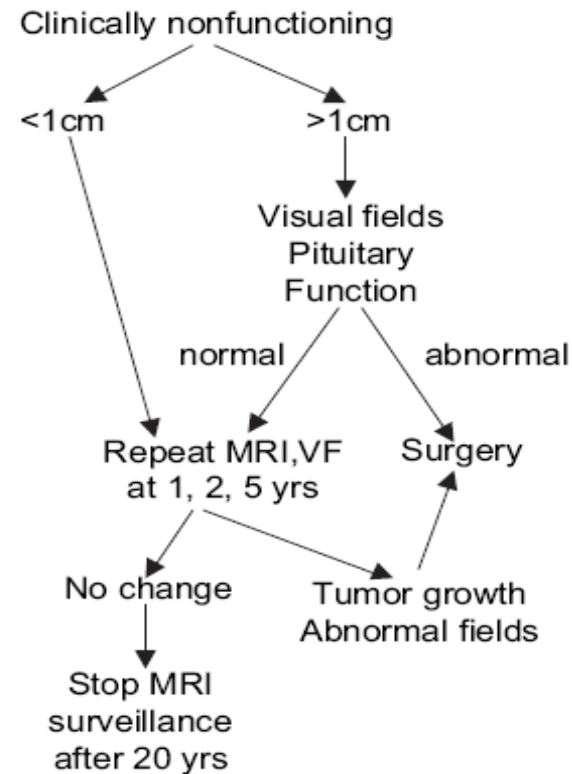
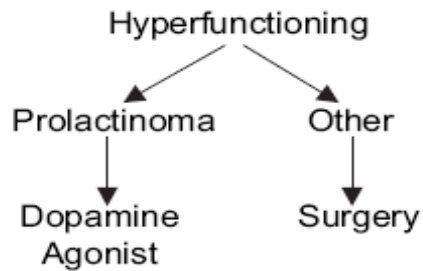
Pazienti sottoposti ad intervento chirurgico

**Trattamento
chirurgico e
radioterapico**

Adenomi secernenti



Adenomi non secernenti



Best Practice & Research Clinical Endocrinology & Metabolism 23 (2009) 667–675



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Endocrinology & Metabolism

journal homepage: www.elsevier.com/locate/beem



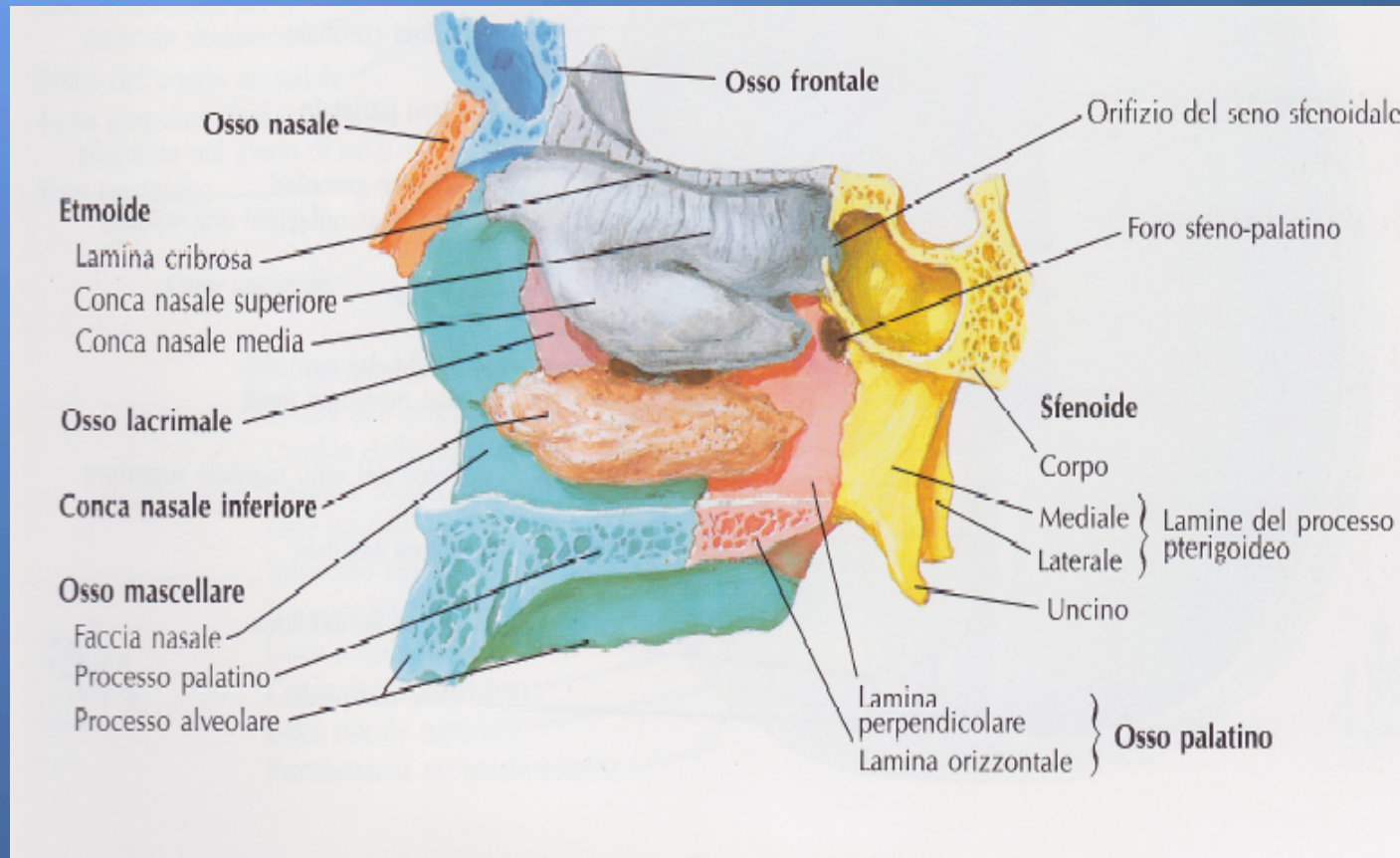
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Pituitary incidentalomas

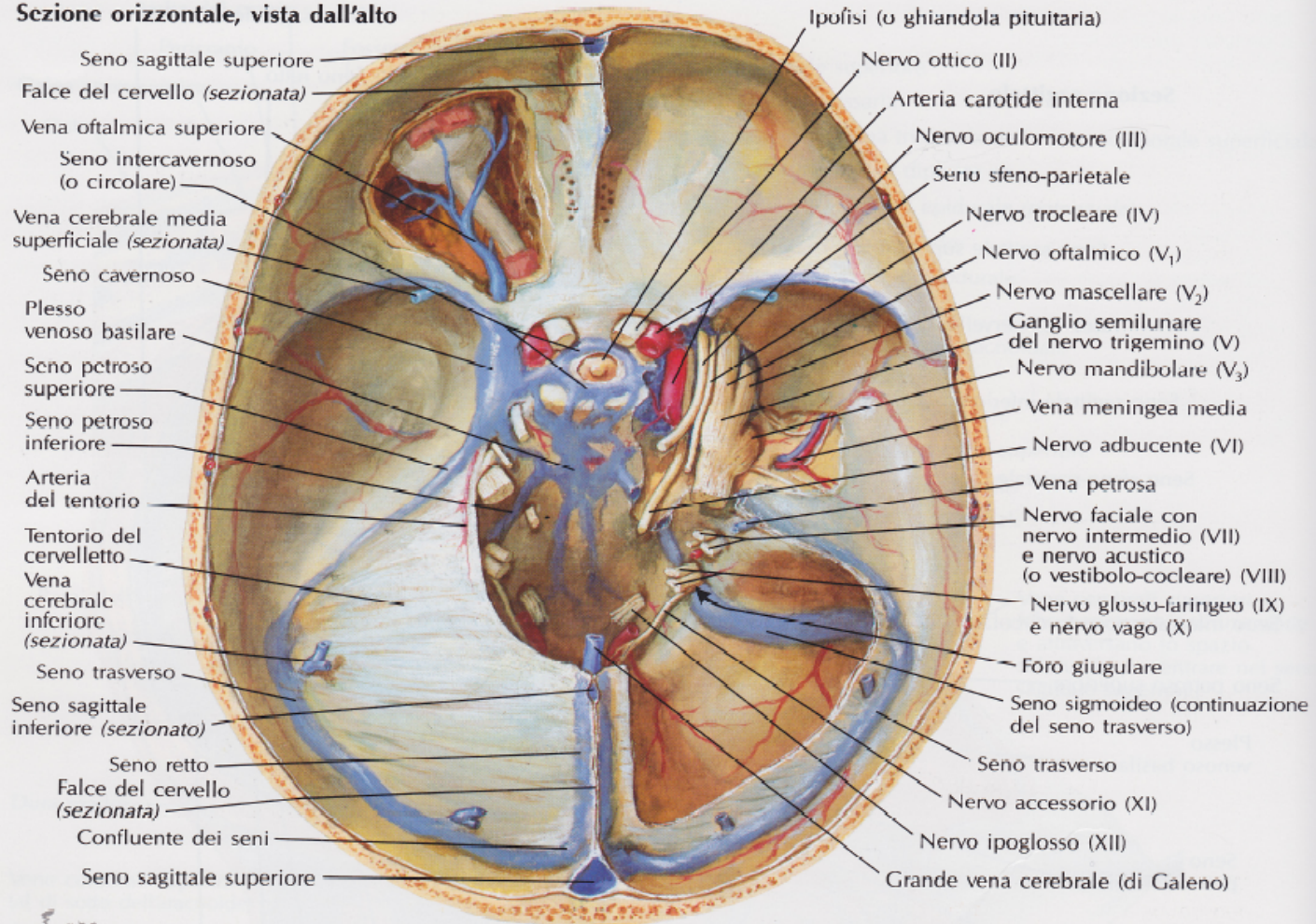
Mark E. Molitch, MD, Professor of Medicine*

Division of Endocrinology, Metabolism and Molecular Medicine, Northwestern University Feinberg School of Medicine,
645 N. Michigan Avenue, Suite 530, Chicago, IL 60611, USA

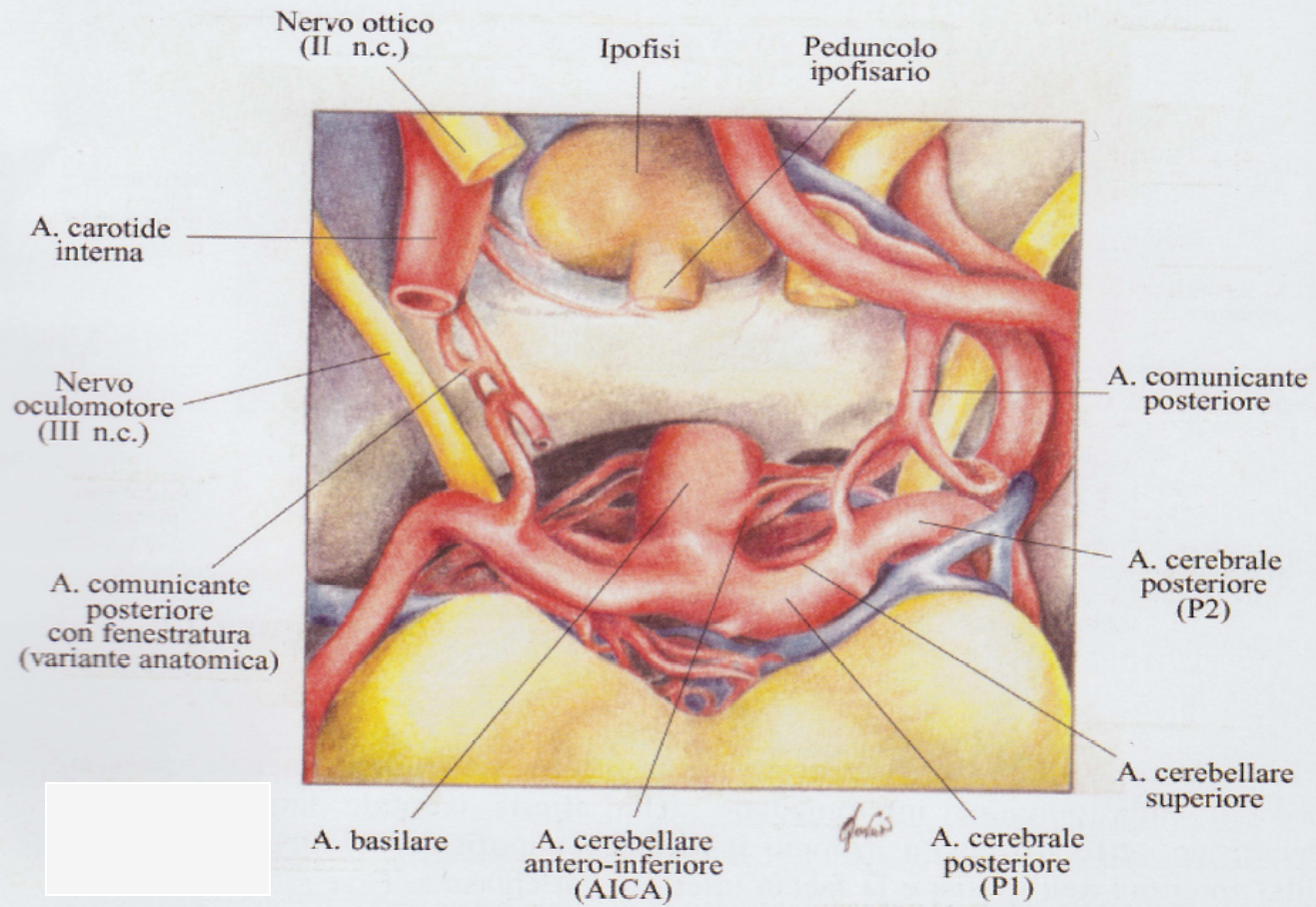
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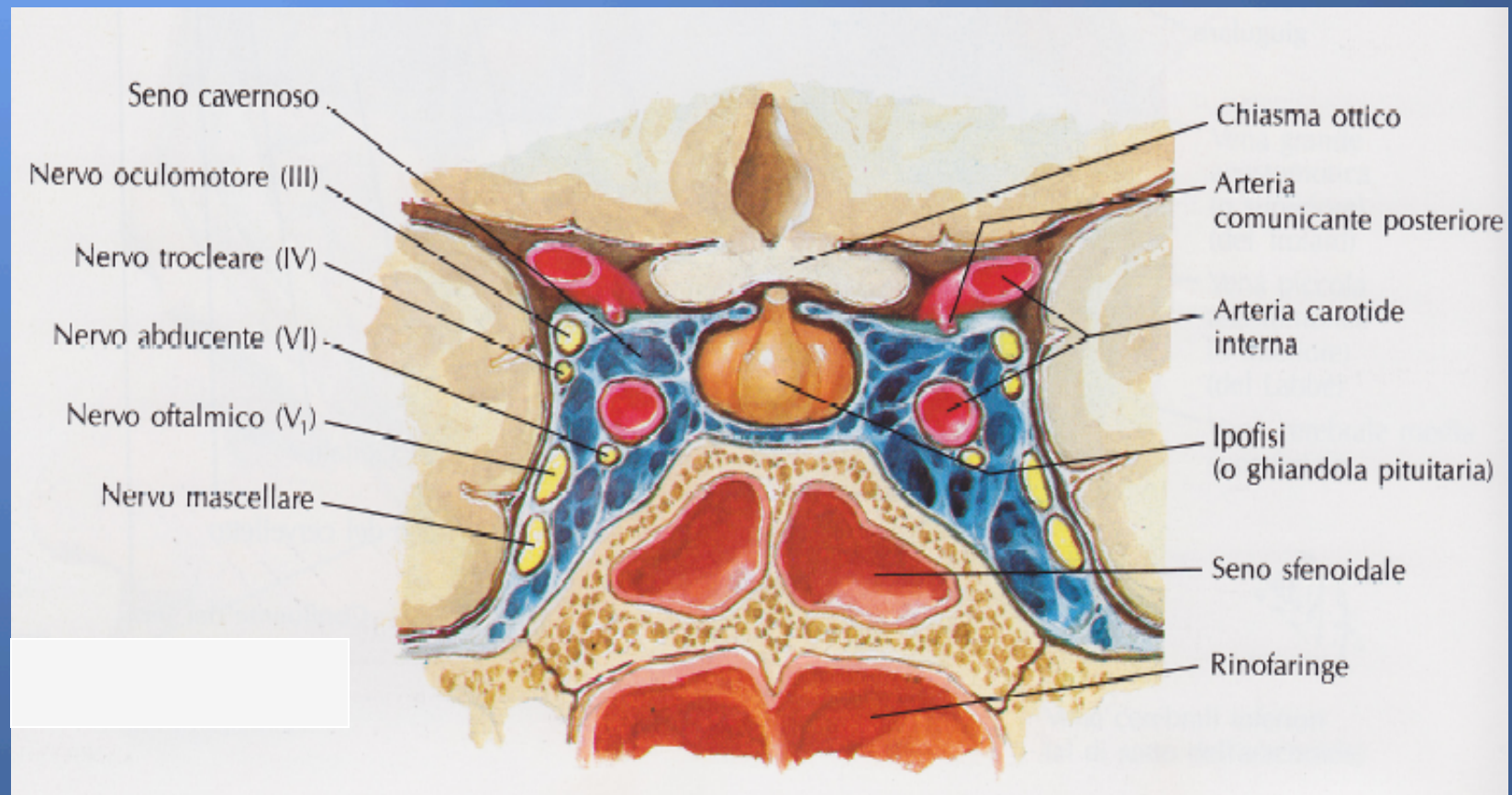


Sezione orizzontale, vista dall'alto



F. Netter
M.D.
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Obiettivi del trattamento chirurgico:

- Recupero deficit visivi
- Resezione della massa tumorale, istologia e studio immunohistochimico
- Preservare la funzione pituitarica
- Plastica basicranio

Indicazioni

- Perdita acuta del visus, deterioramento neurologico (apoplezia pituitarica)
- Oftalmoplegia
- Progressiva riduzione del campo visivo
- Prolattinomi non controllati dalla terapia medica
- Acromegalia
- Primary Cushing's disease
- Macroadenomi non secernenti
- Sindrome da ipertensione endocranica da voluminosi macroadenomi

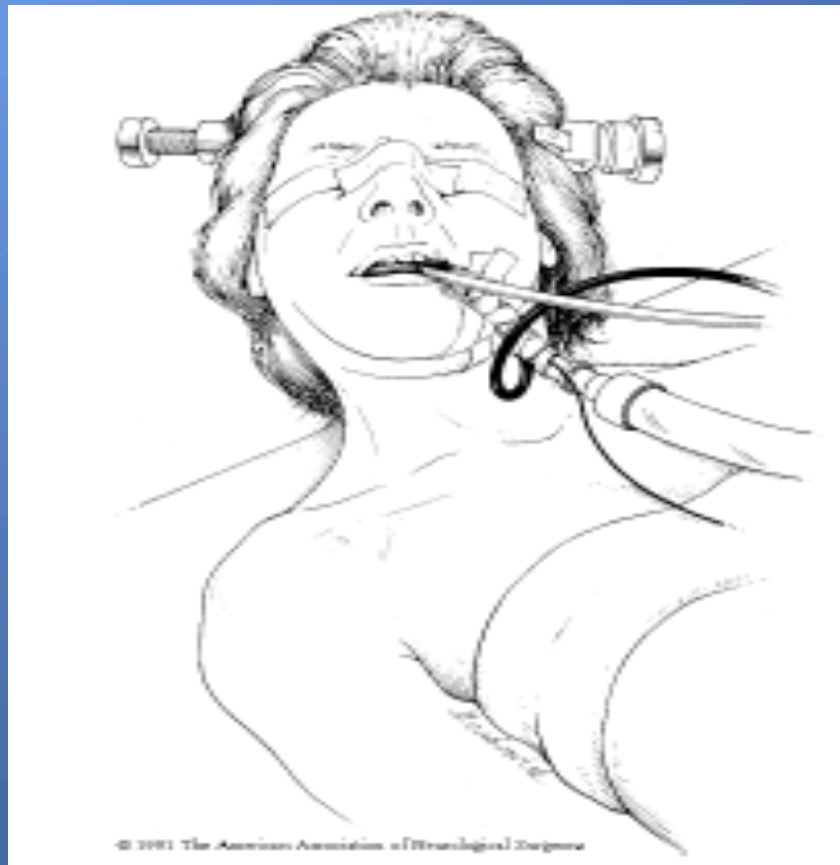
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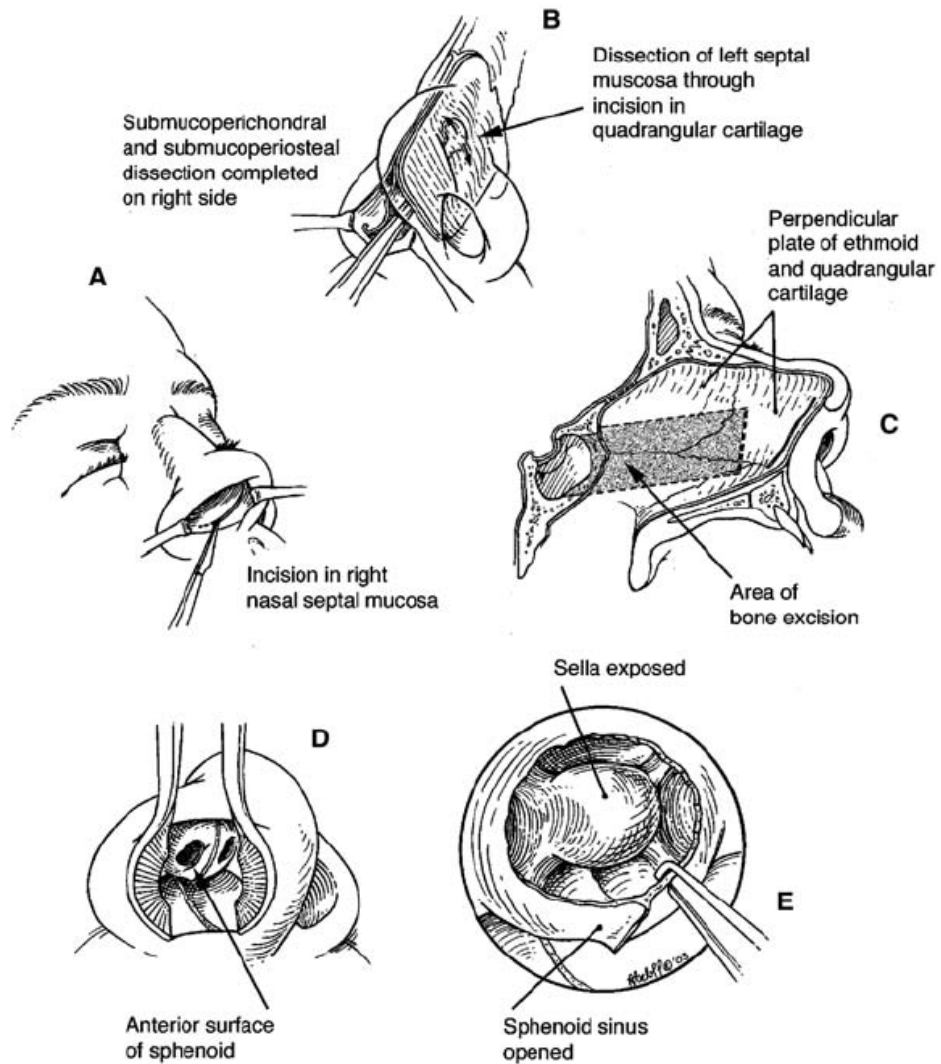
- Incidentalomi intrasellari (<10mm)

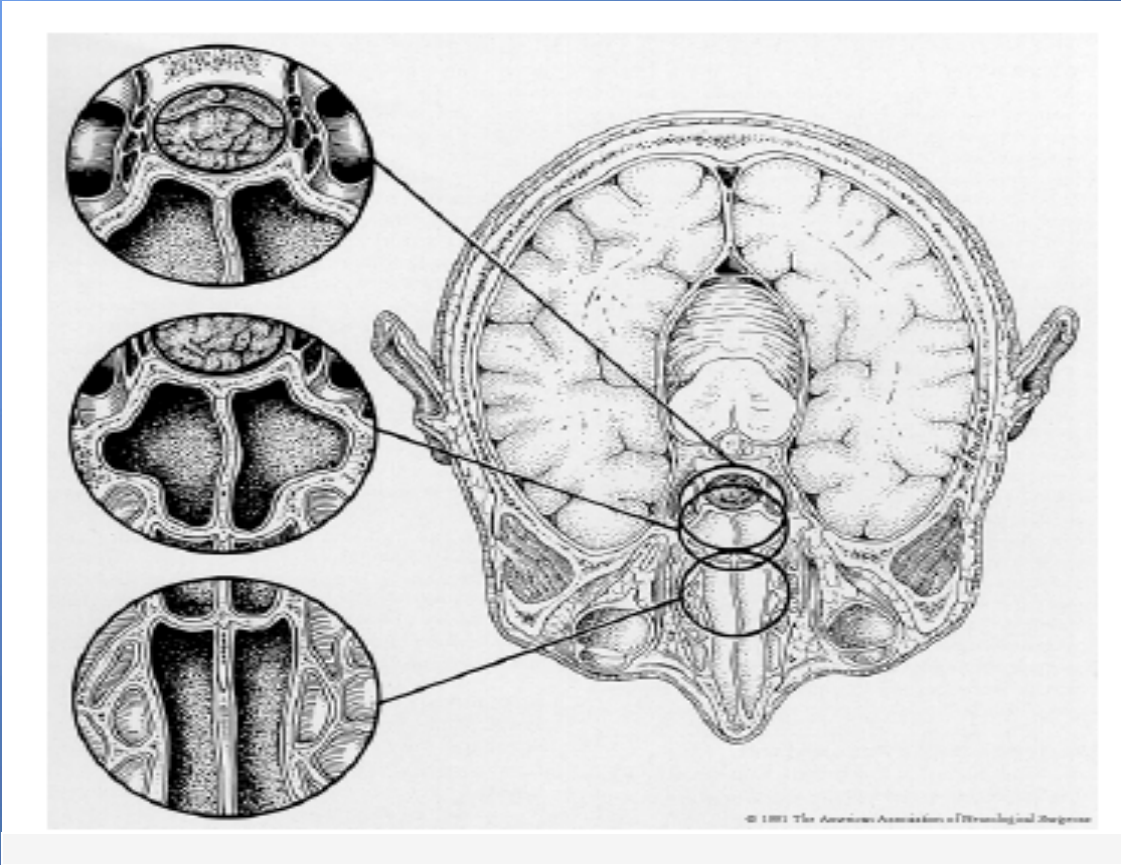
Trattamento chirurgico

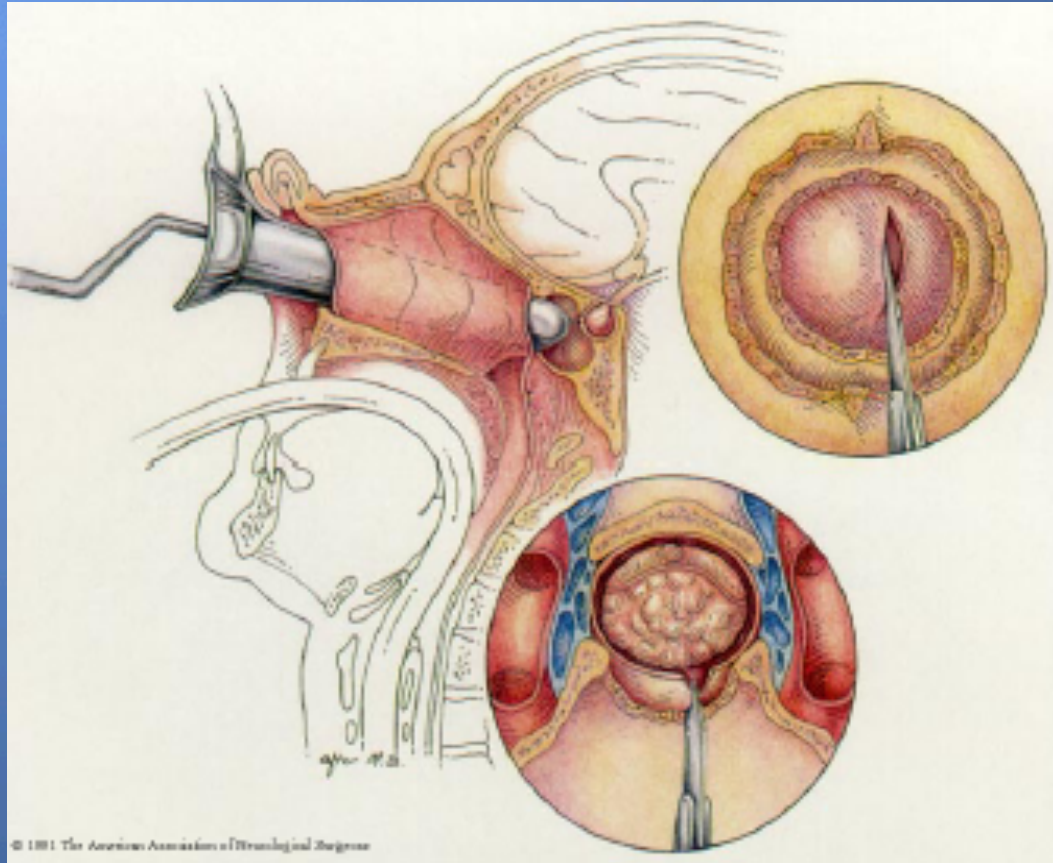
- Approccio trans-naso-sfenoidale
- Varianti: Translabiale, Extended transnaso-sfenoidale, Endoscopico
- Transcranico: Frontale, Pterionale

Trans-naso-sfenoidale

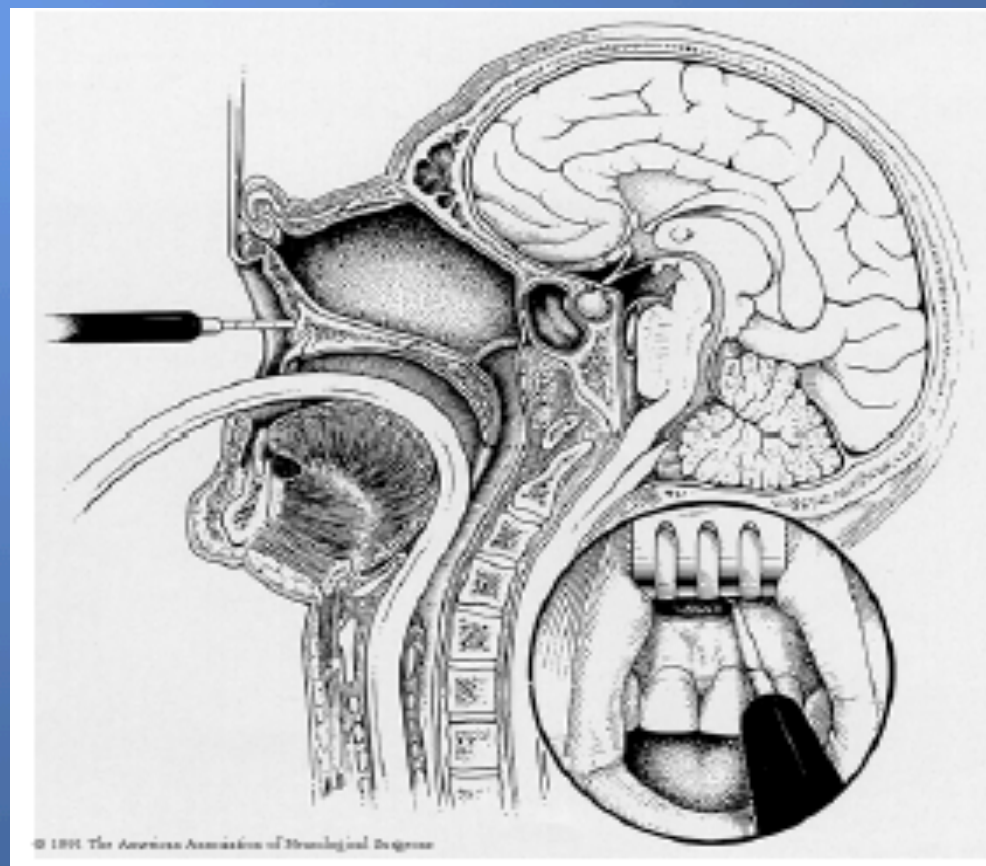






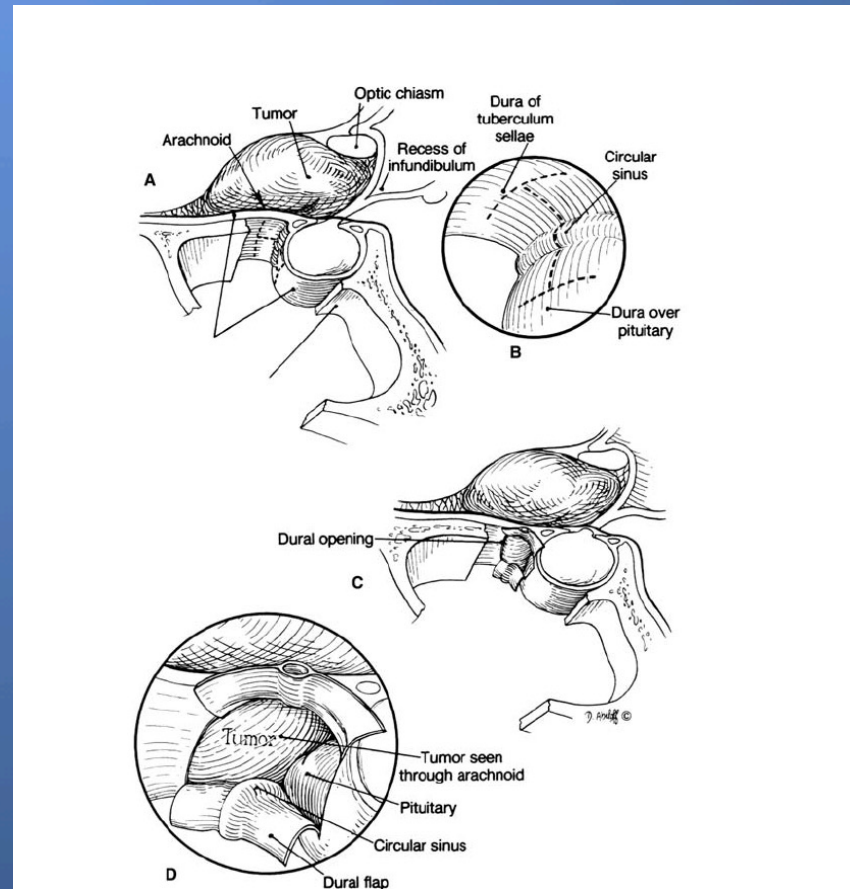


Via sub-labiale

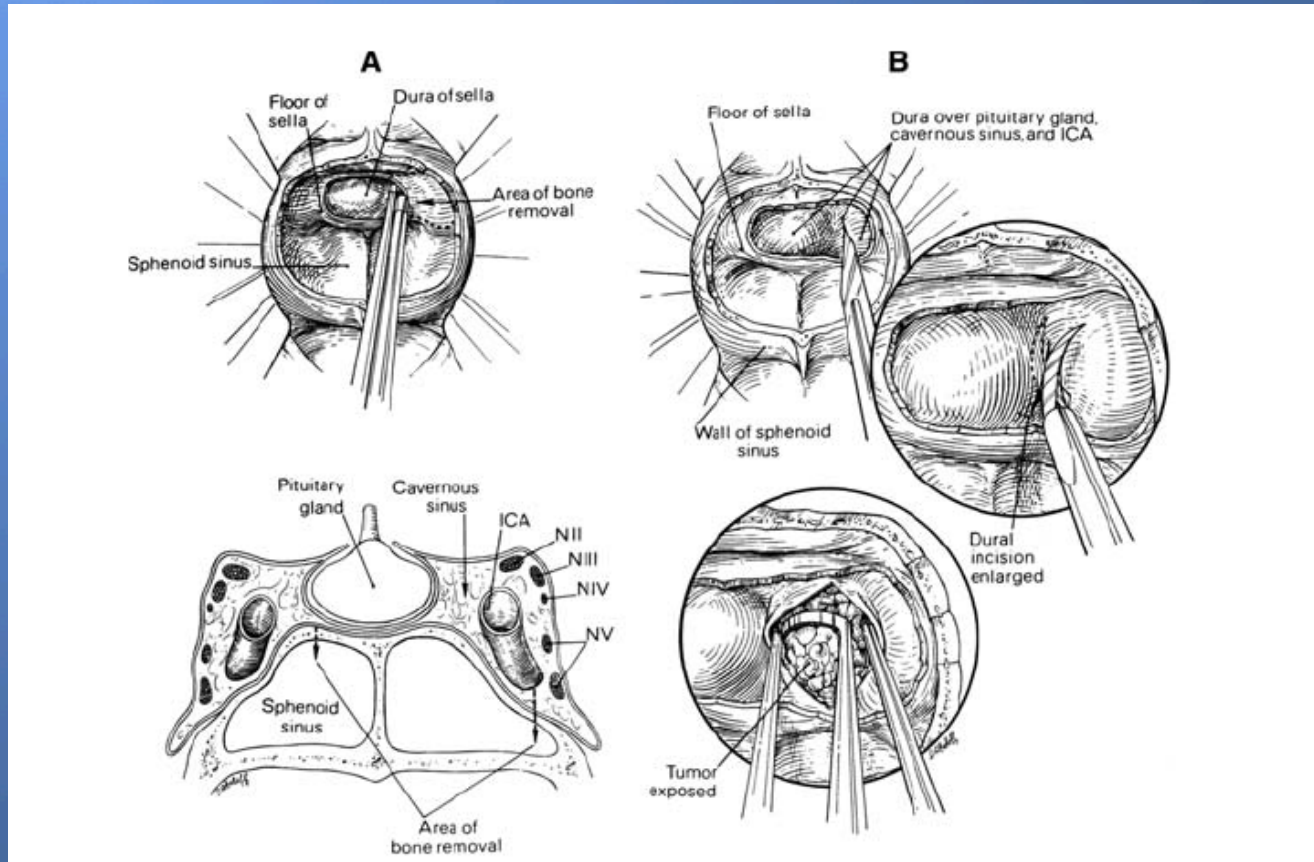


Extended transphenoidal surgery

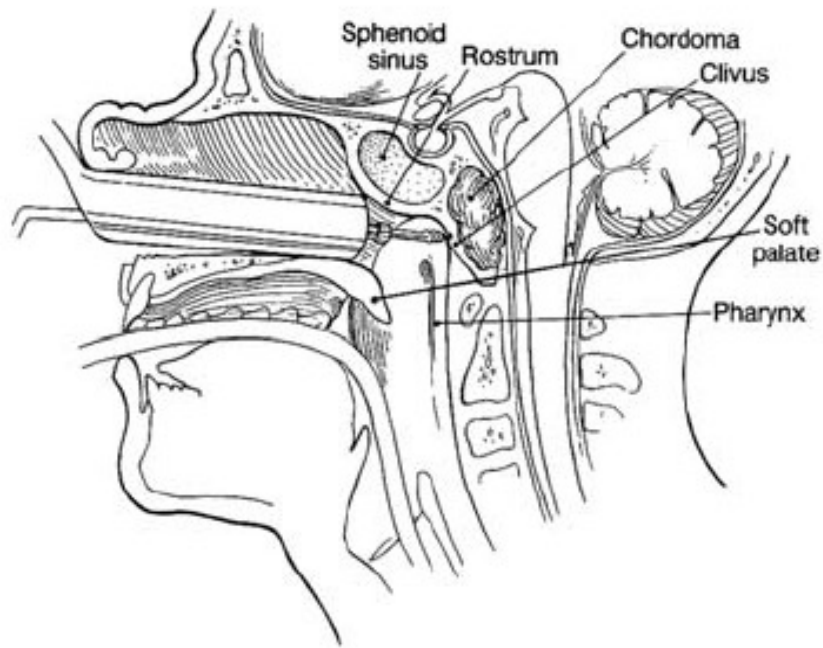
- Estensione anteriore



•Estensione laterale



- **Estensione posteriore**



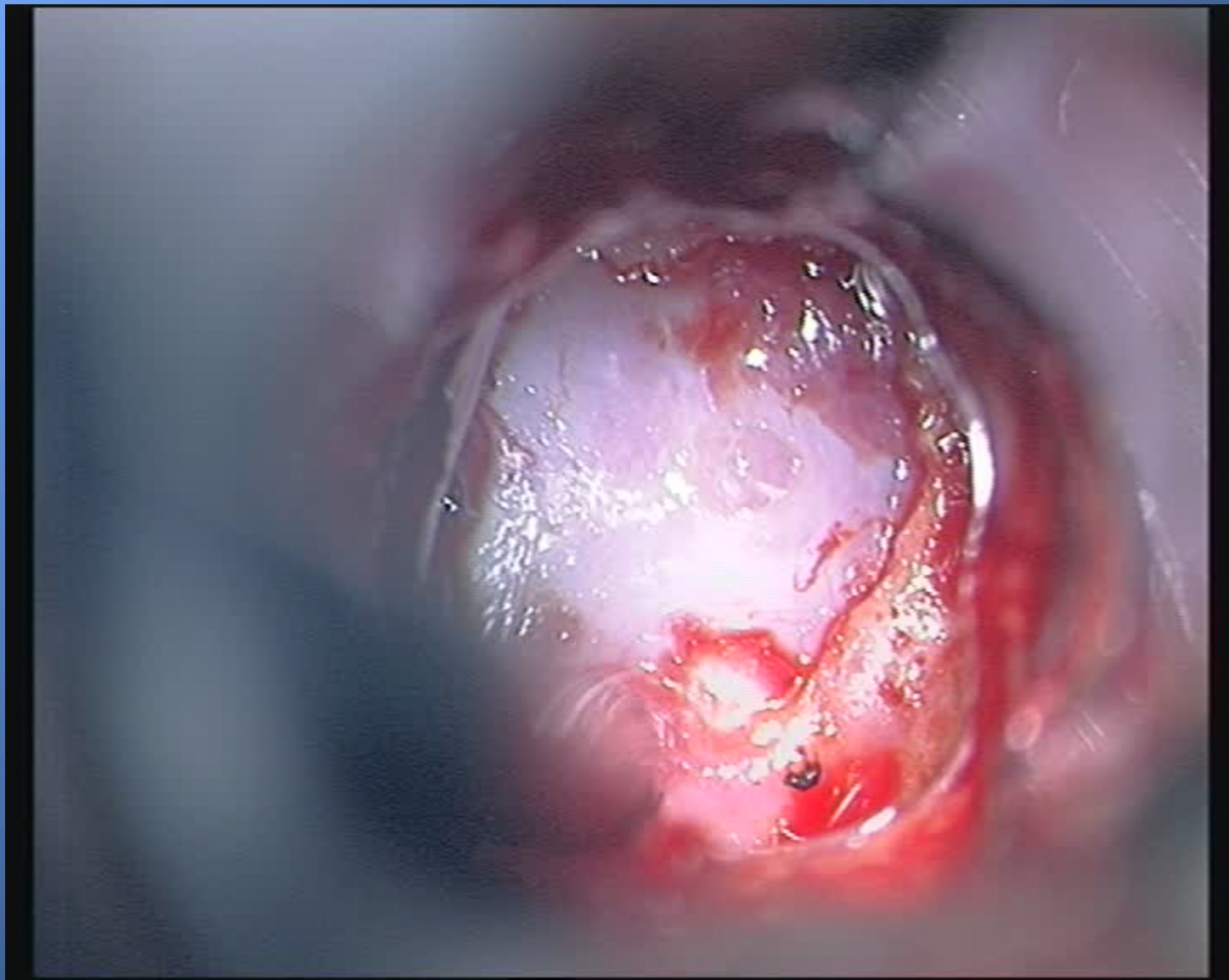
Endoscopia

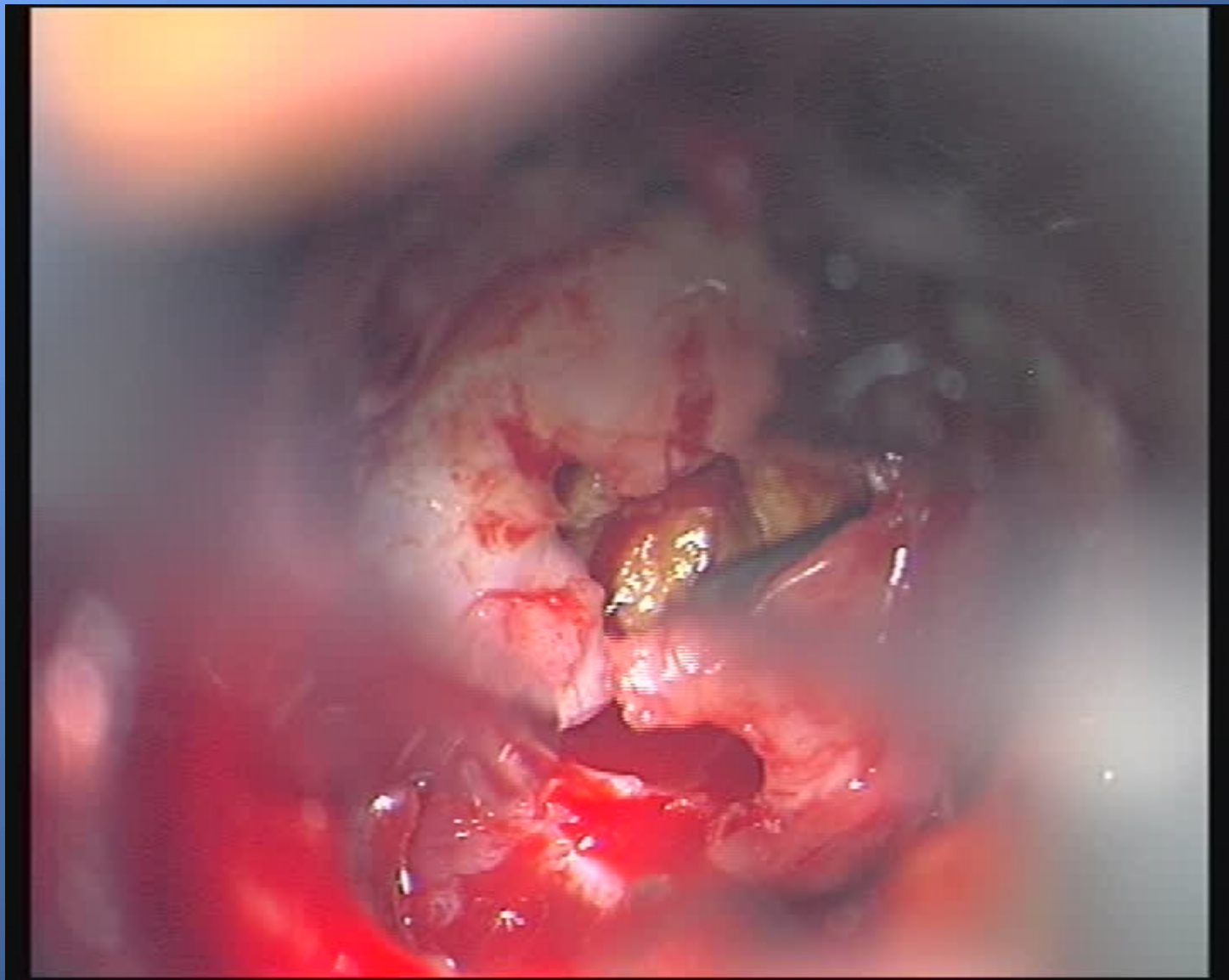
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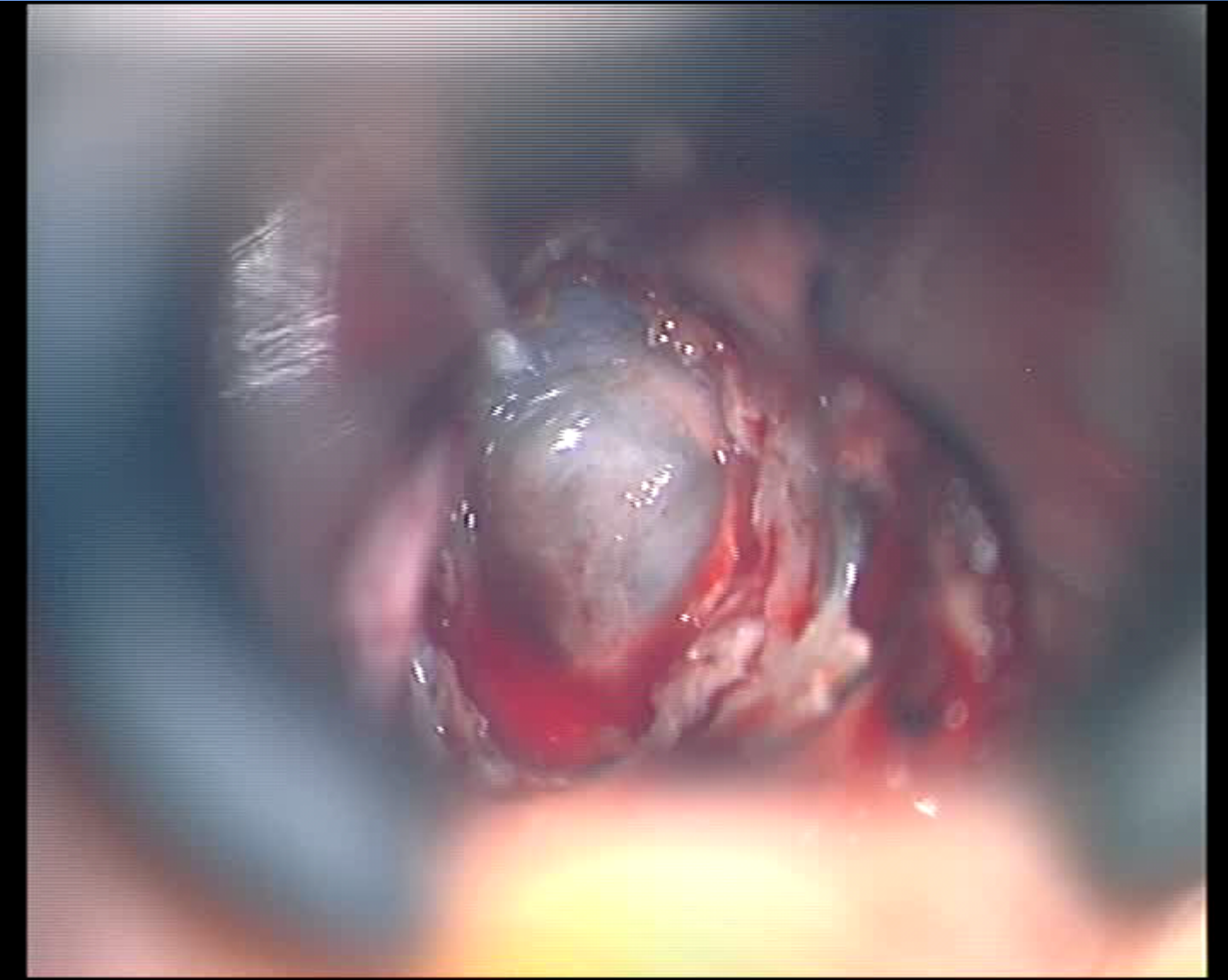
- Non usa speculum endonasale
- Migliore visione panoramica
- Ridotto traumatismo della mucosa, spesso non necessario tamponamento nasale

Contro

- Visione bidimensionale
- Curva di apprendimento
- Aumentato rischio rinoliquorrea

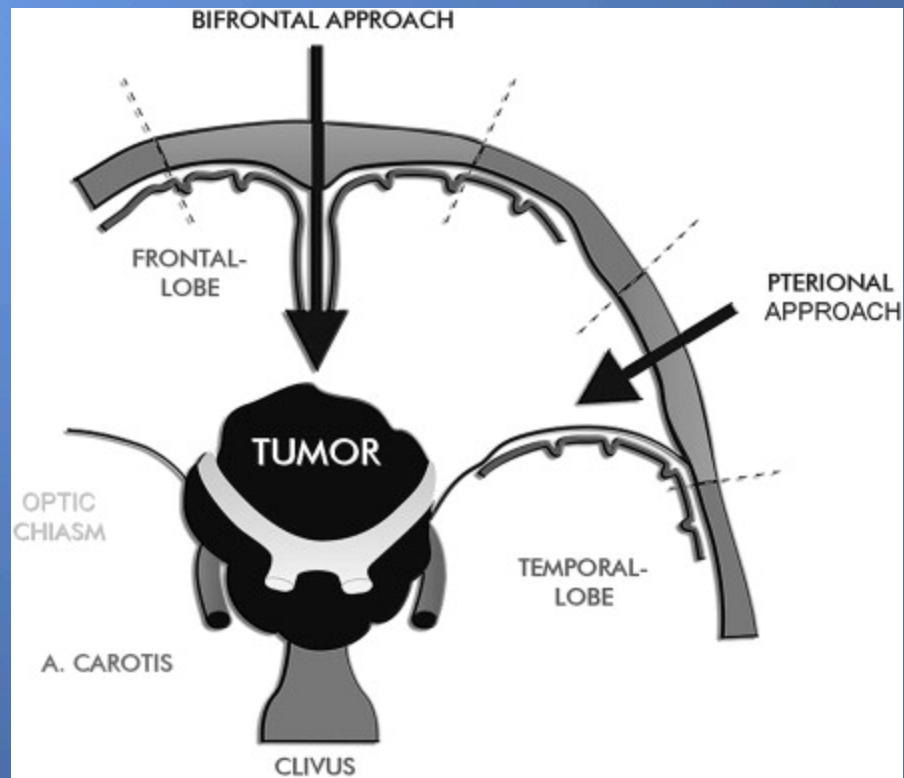






Approccio transcranico

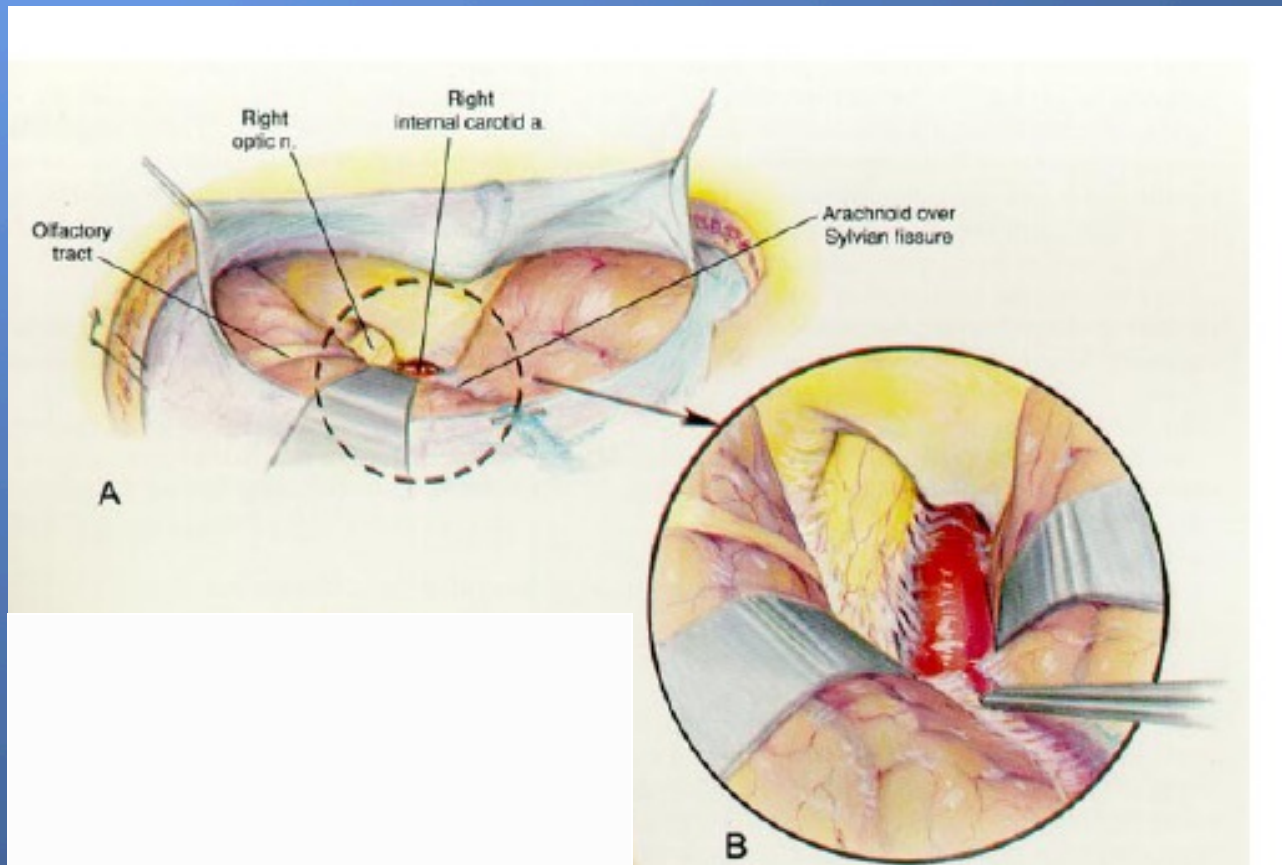
- Tumore prevalentemente ad espansione sovrasellare (>3cm sopra il planum sfenoidale)
- Estensione del tumore a livello della fossa cranica media
- Nei casi in cui l'approccio transnasale è controindicato es. sinusiti sfenoidali
- Patologie non correlate ma che potrebbero complicare l'approccio transfenoidale: casi rari es aneurismi parasellari, “kissing carotid arteries”.
- Invasione delle strutture vascolari (arteria carotide, A1 etc...)
- Estensione al terzo ventricolo



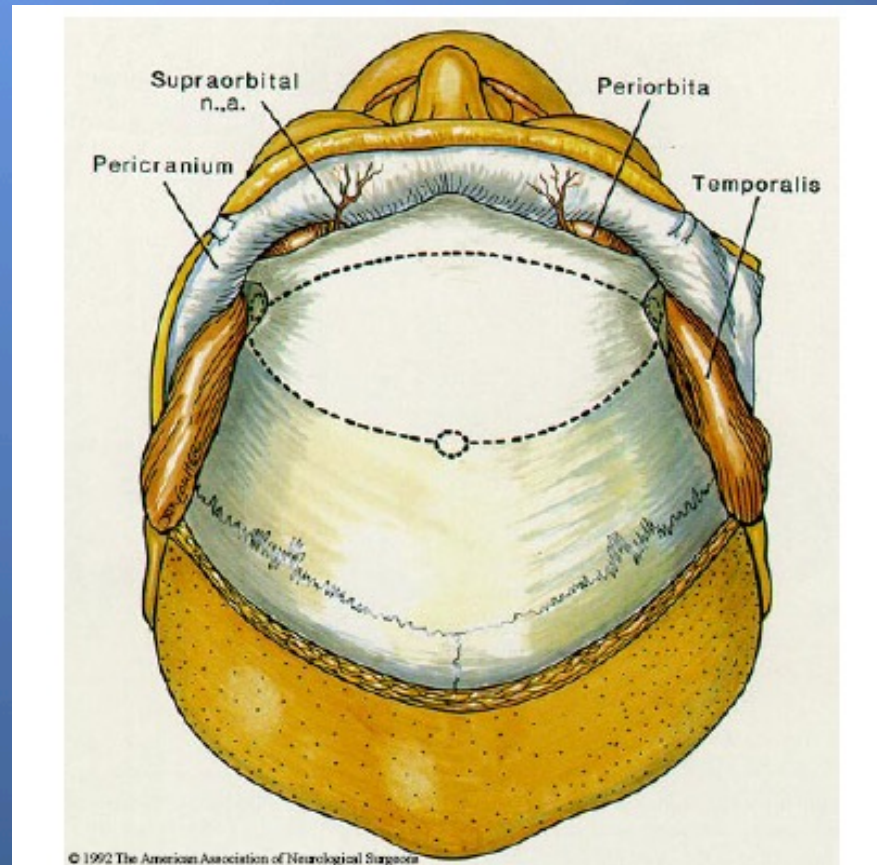
Approccio Pterionale

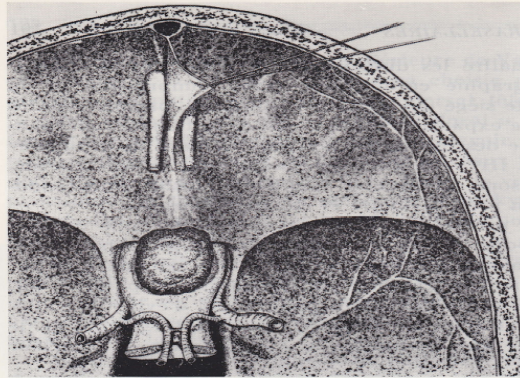


Approccio Pterionale

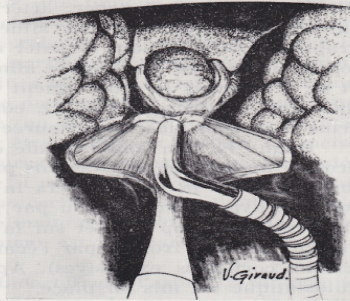


Approccio subfrontale





a



b

FIG. 180 a et b. — Adénome hypophysaire (abord par voie sous-frontale).
La tumeur bombe entre les nerfs optiques.

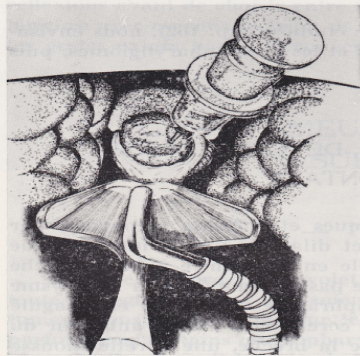


FIG. 181. — Ponction à l'aiguille fine:
aspiration de liquide hémattique.

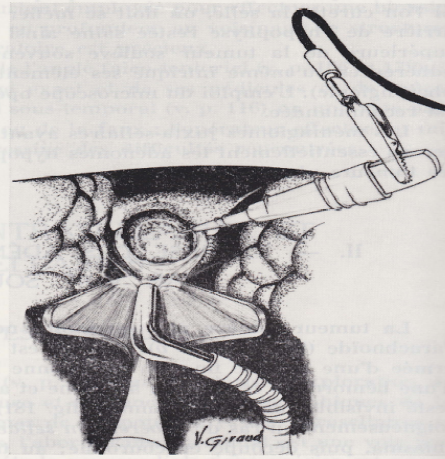


FIG. 182. — Découpe de la capsule
avec la pointe diathermique.

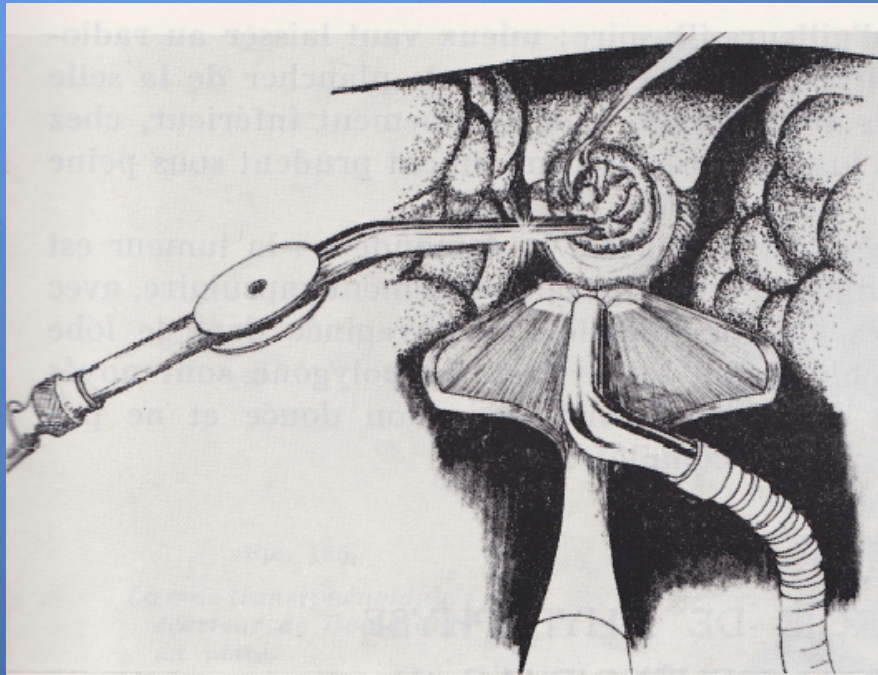


FIG. 183. — *Créantage et aspiration de l'adénome.*

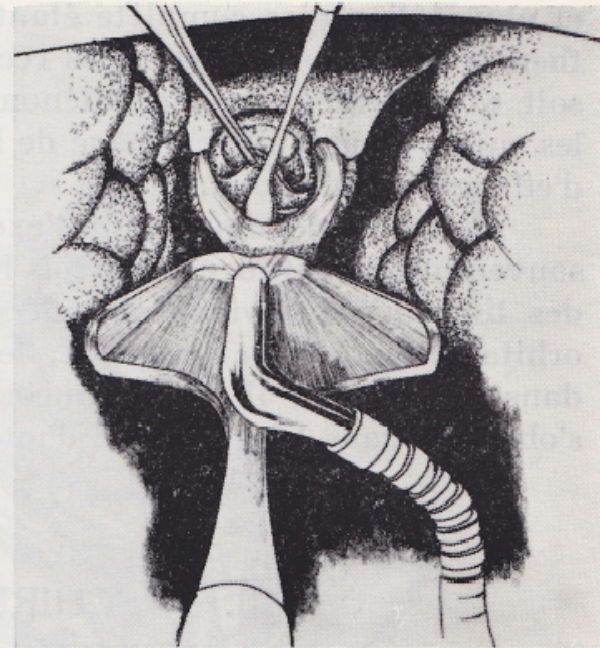
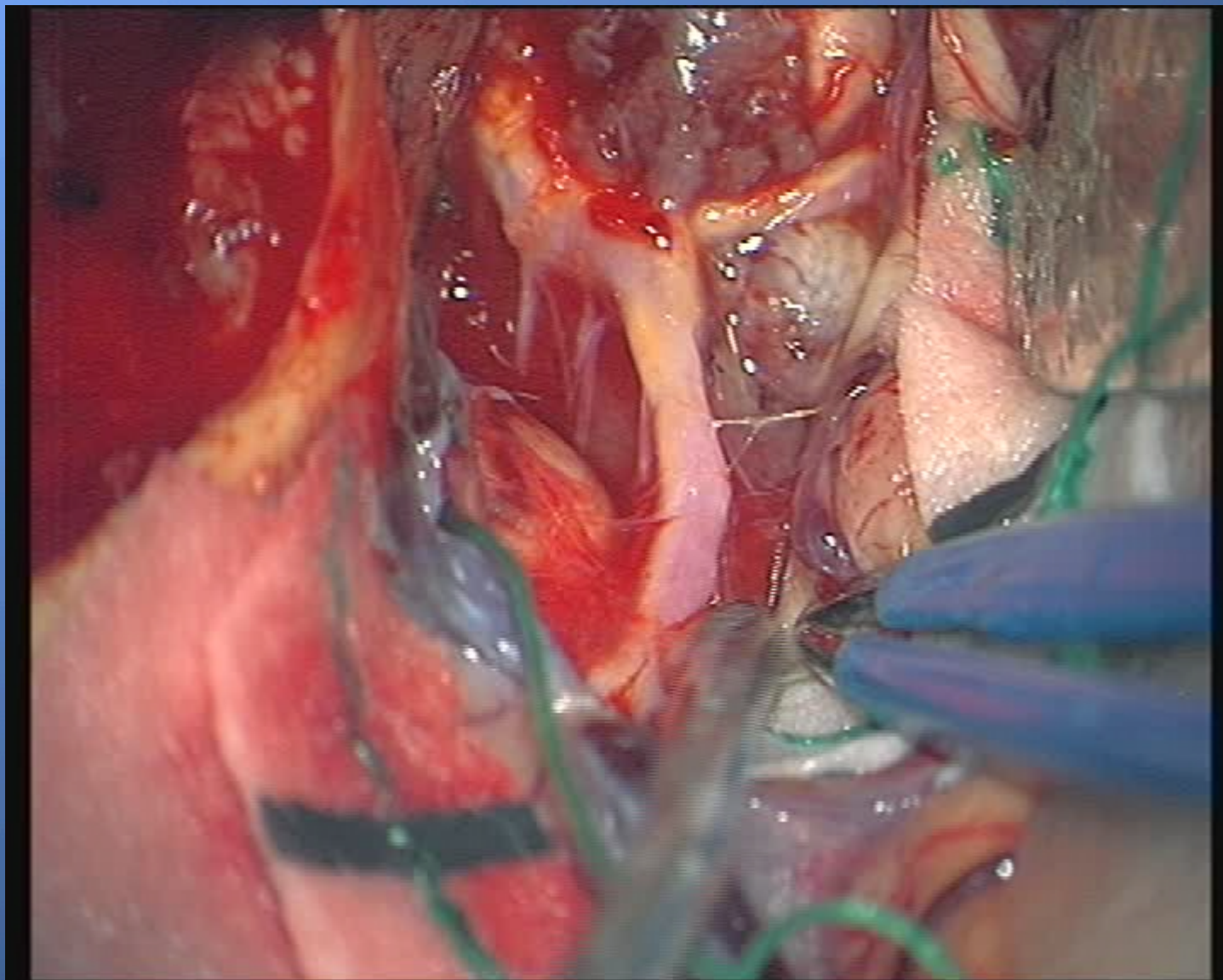
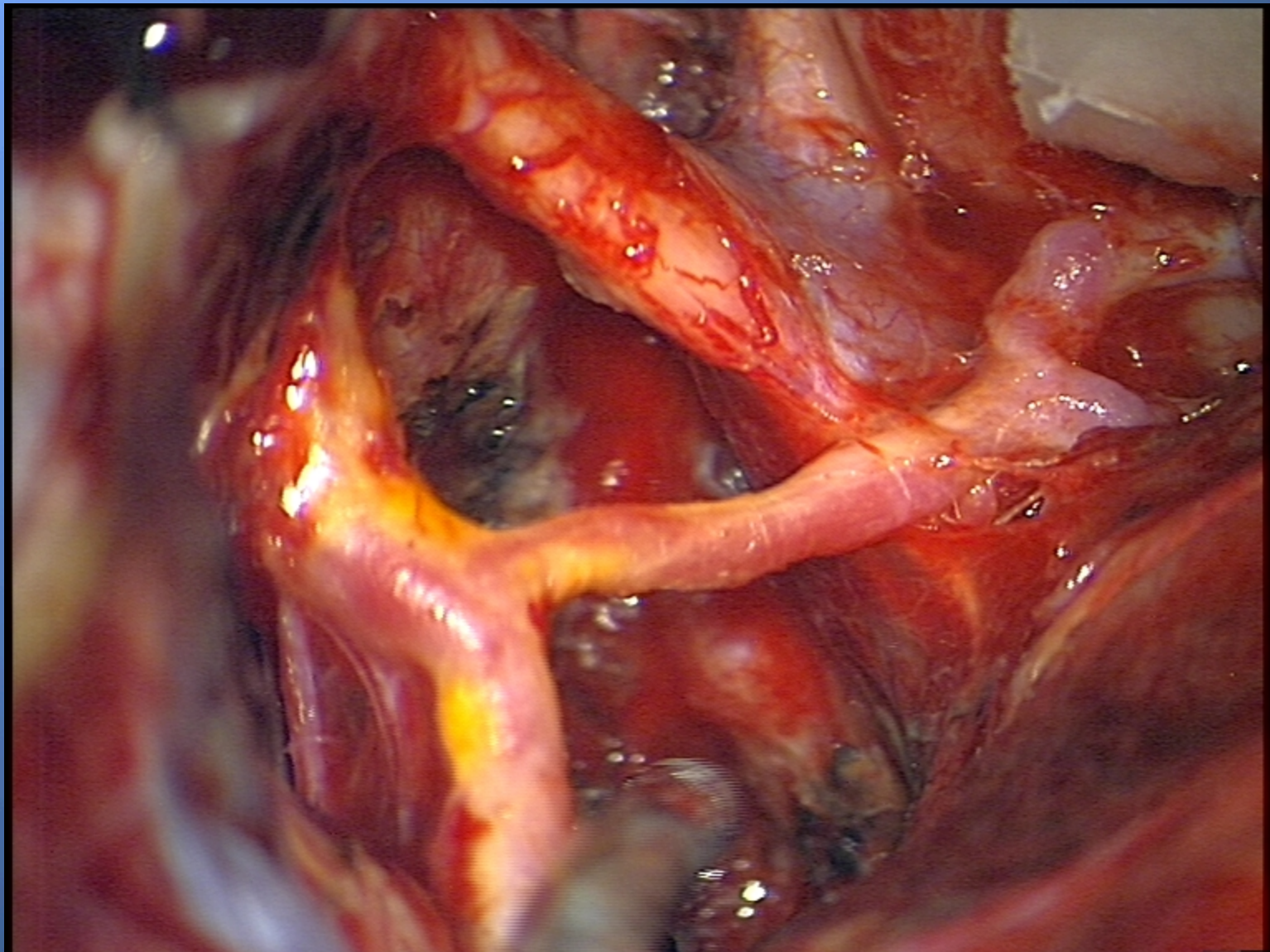


FIG. 184. — *Une spatule décolle la capsule sous l'hypothalamus, en même temps qu'une pince l'attire vers l'avant.*





Re-intervento: via trans-naso sfenoidale

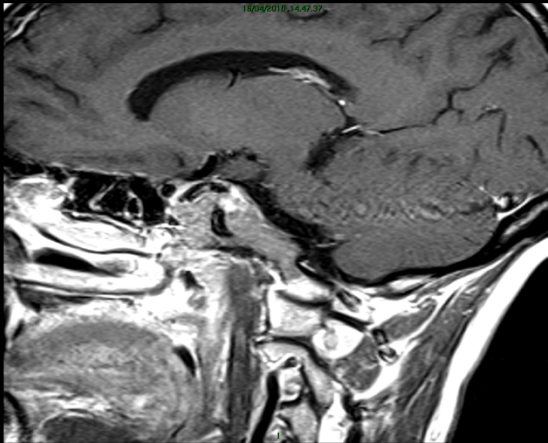
- Residuo in crescita con compressione chiasma ottico
- Recidiva a distanza
- Deficit visivo
- Non estensione alla fossa cranica media

Re-intervento: via transcranica

- Estensione alla fossa cranica media o al terzo ventricolo
- Grave deficit visivo
- Insuccessi di plastica del basicranio via transnasale

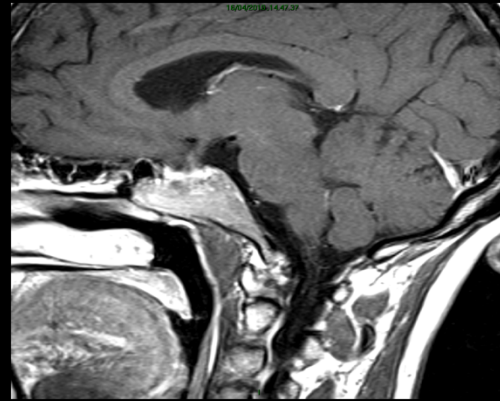
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K-E-3 (TUTTO)



Opuscolo Pirelli di Bergamo
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L.P. 3.00 mm
300
316% Pixel

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Pos: 3.00 mm
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K-E-3 (TUTTO)



Opuscolo Pirelli di Bergamo
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Study Desc: RM (POT)

3 cm

C: 208
W: 464

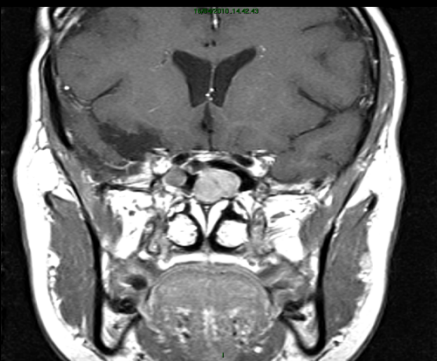
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3 cm

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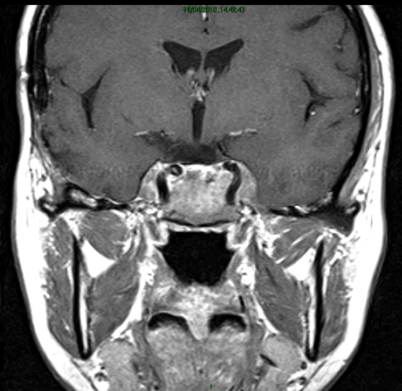
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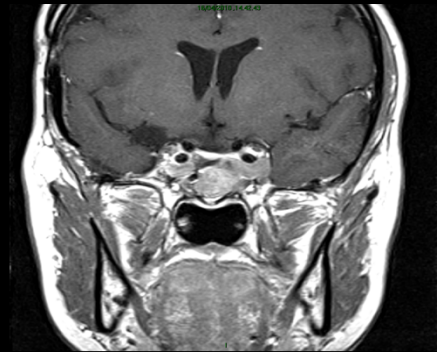
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Study Desc: RM (POT)

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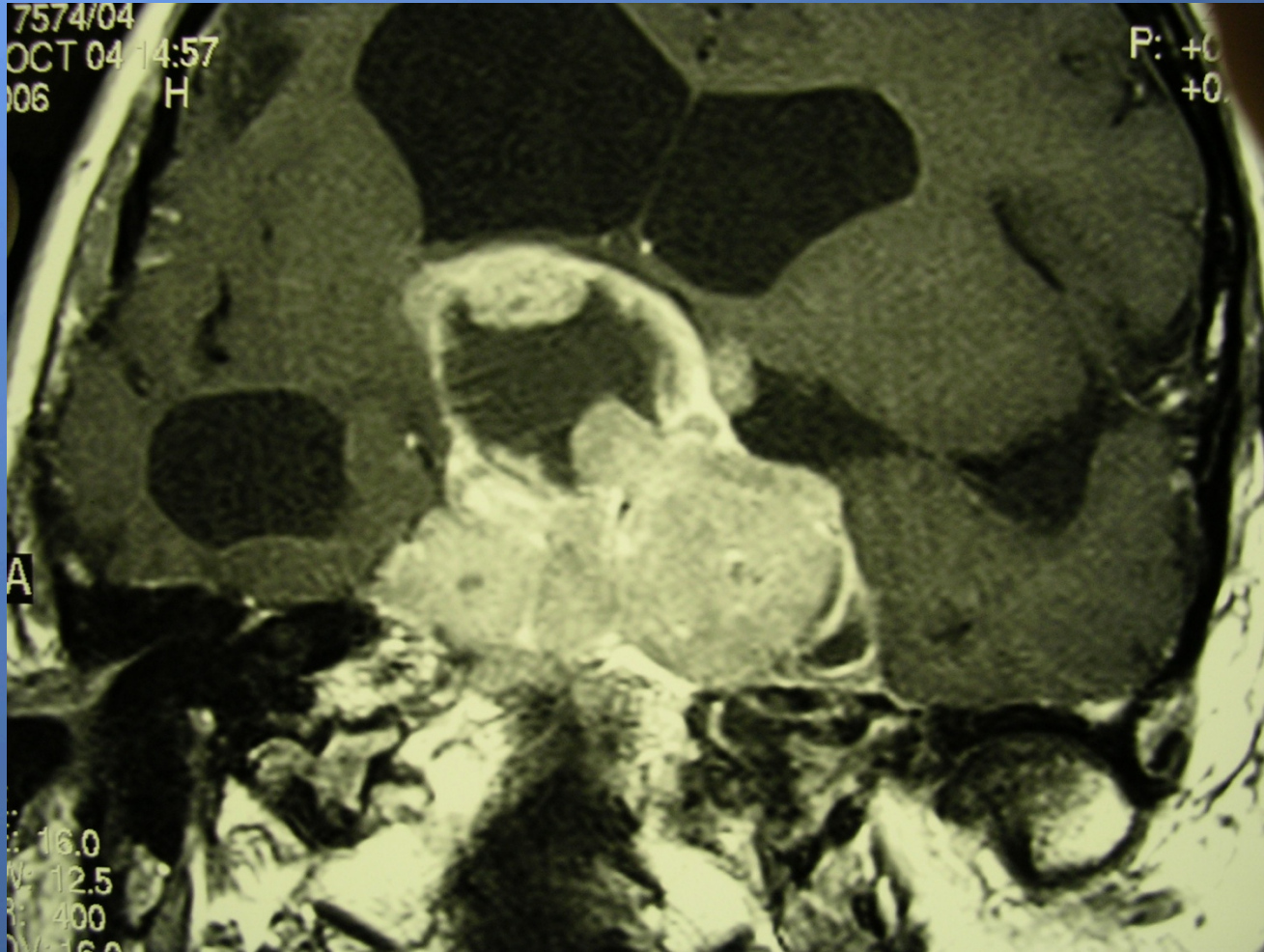
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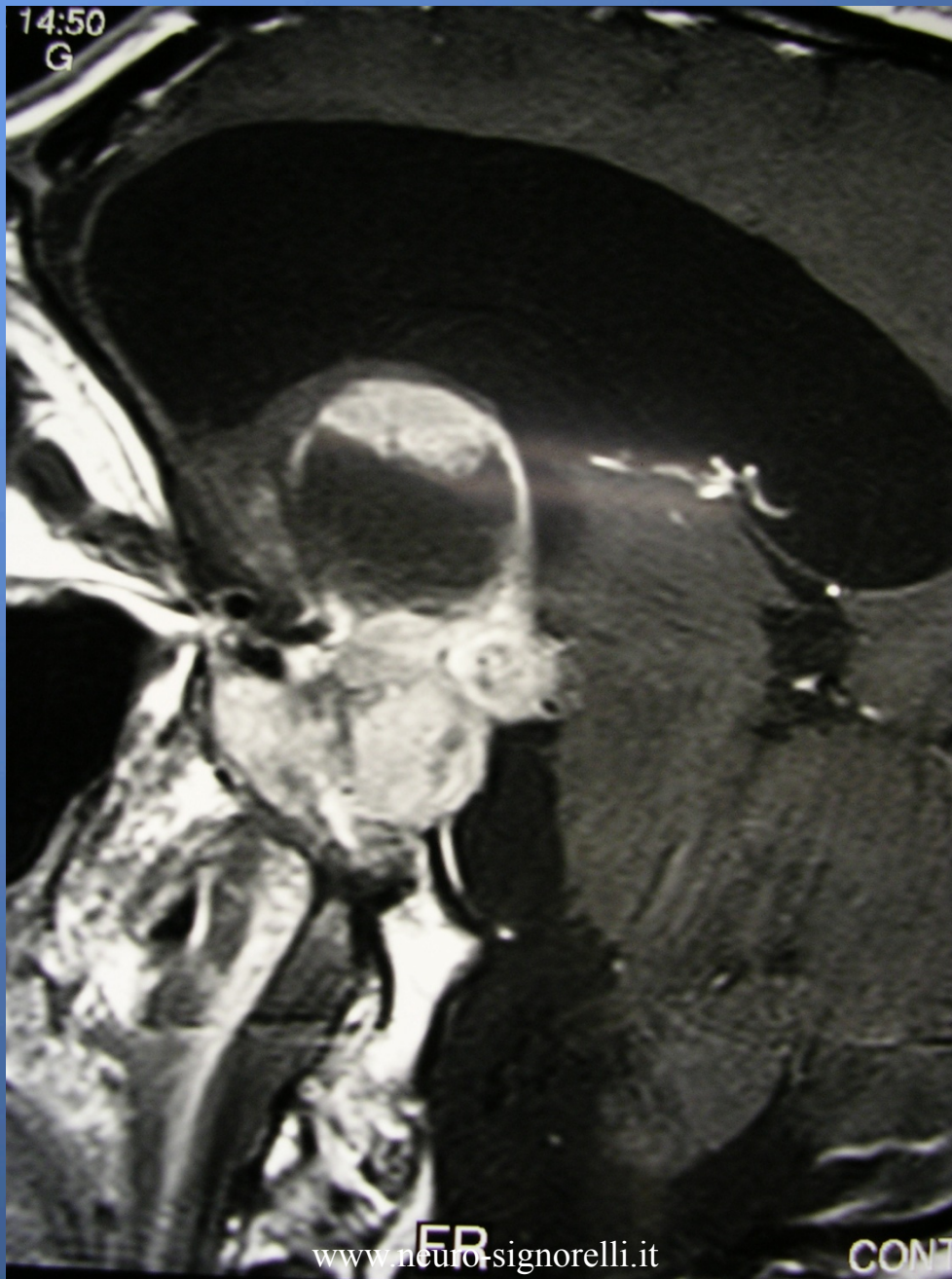
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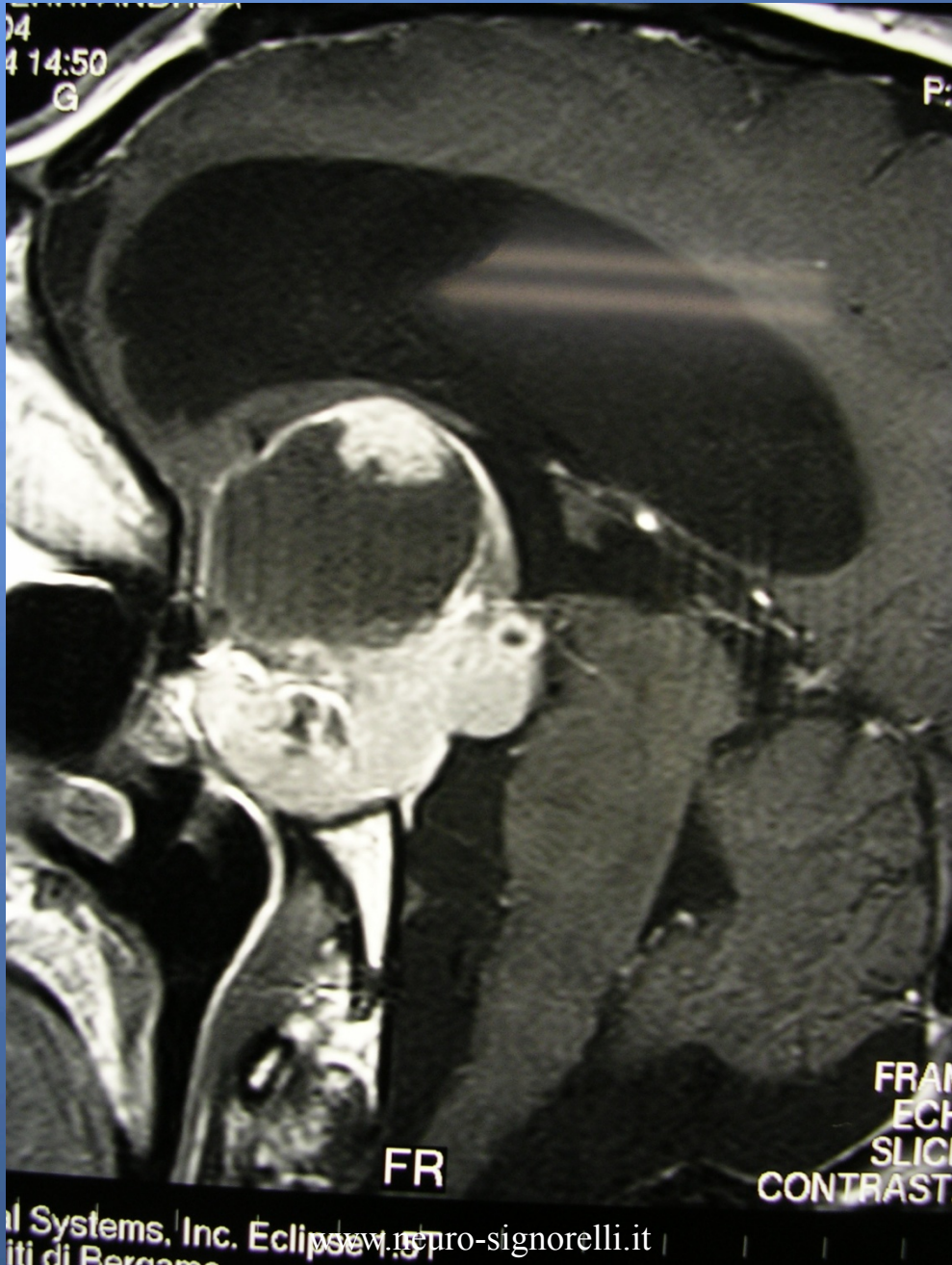
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L.P. 3.00 mm
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316% Pixel

3 cm

C: 208
W: 464





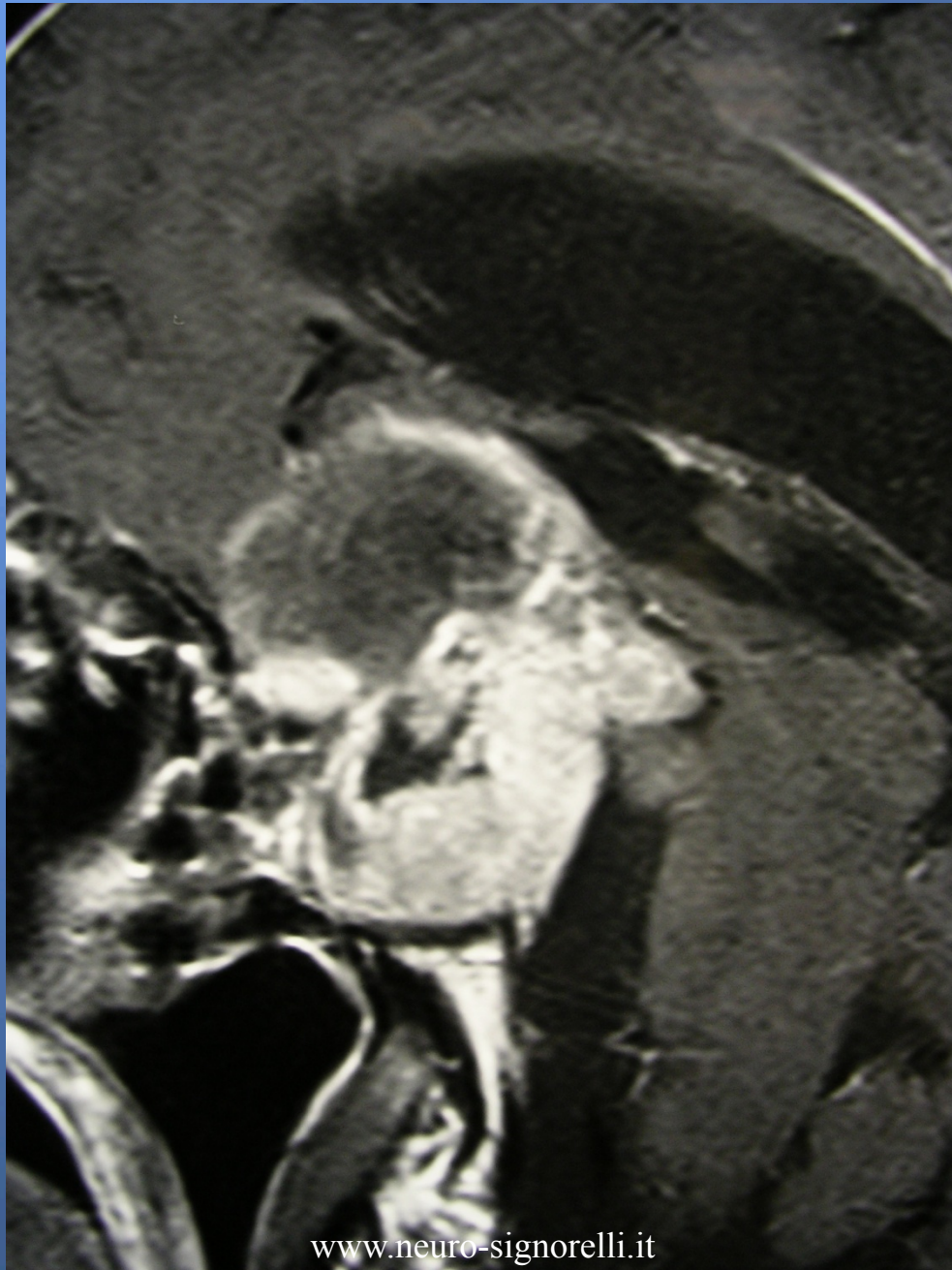


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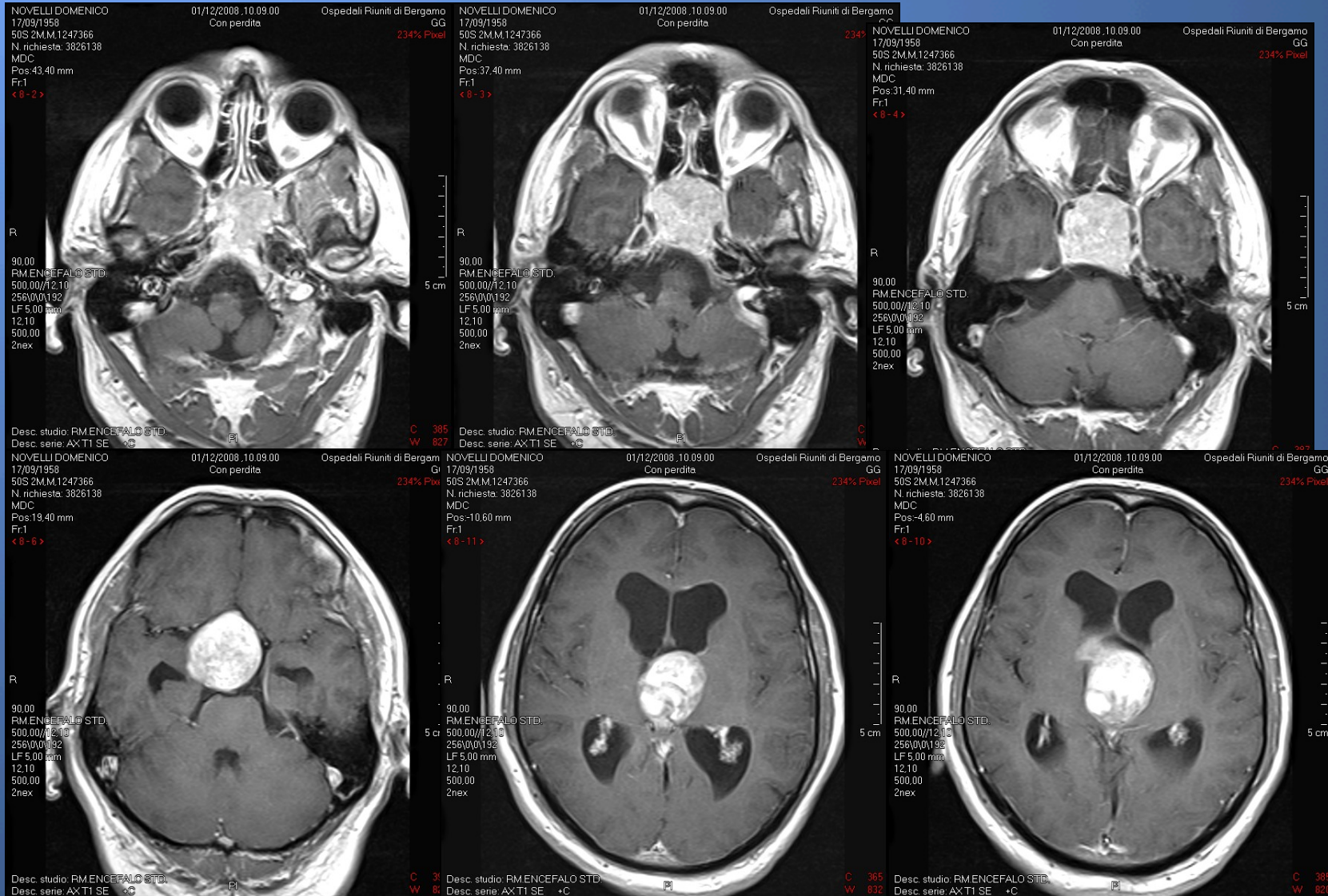
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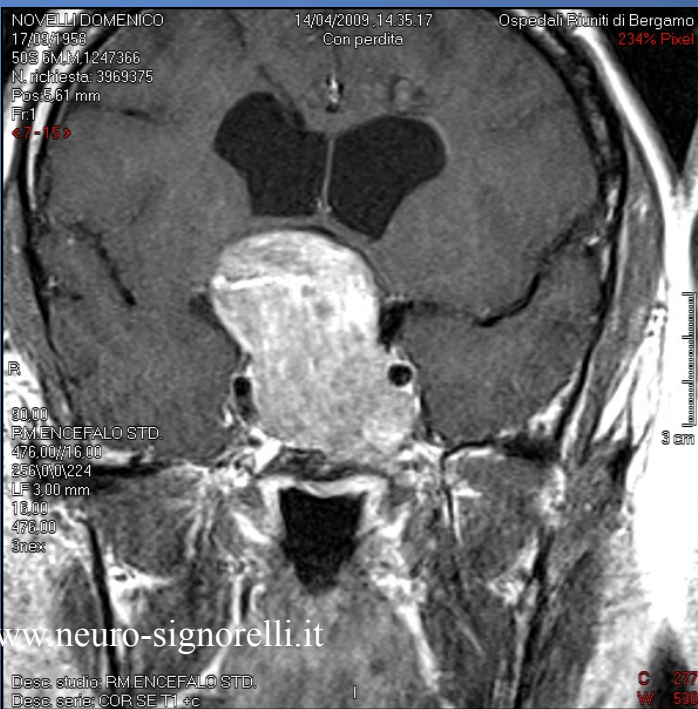
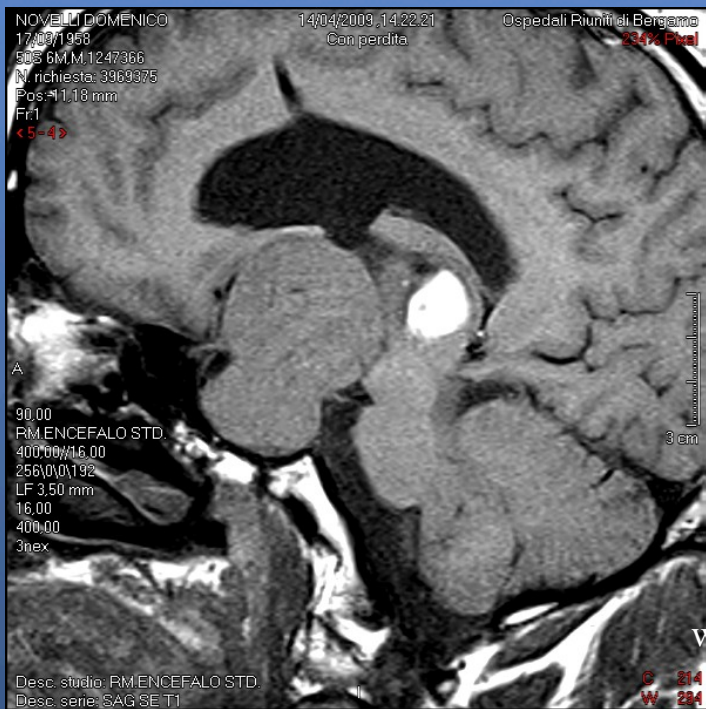
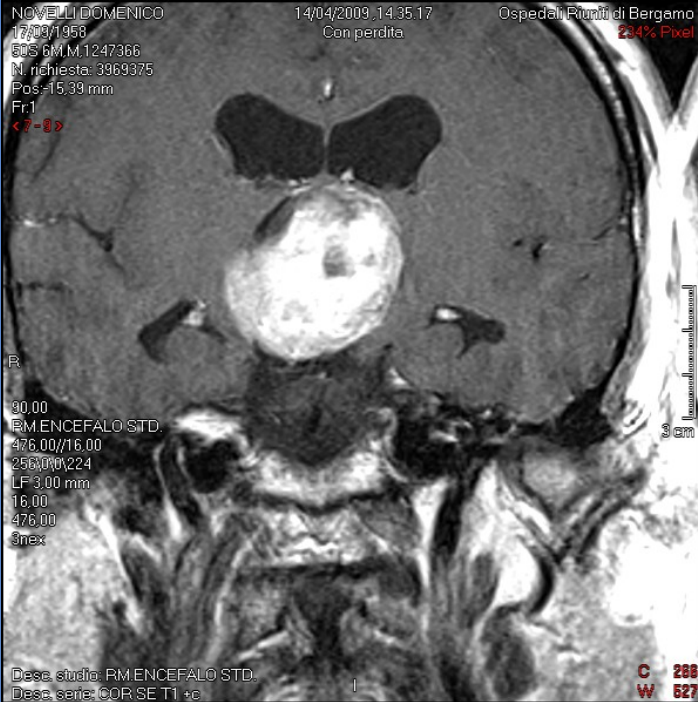
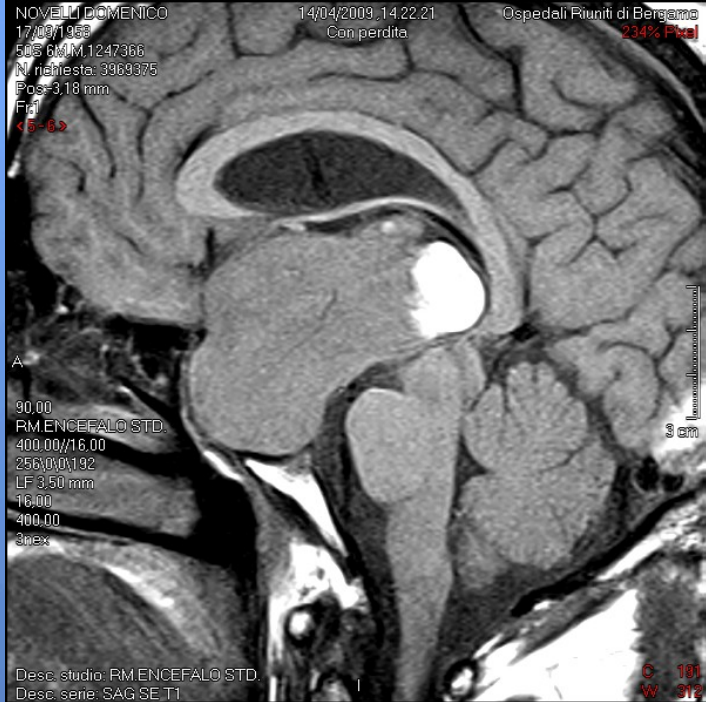
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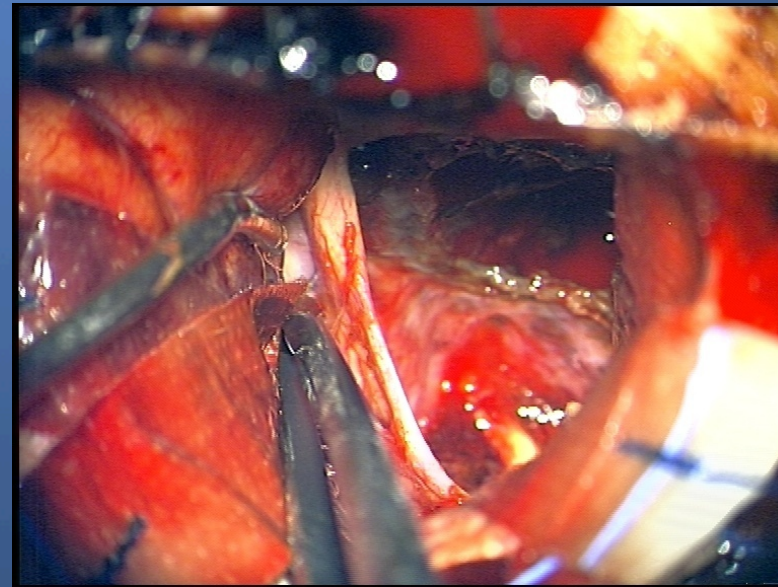
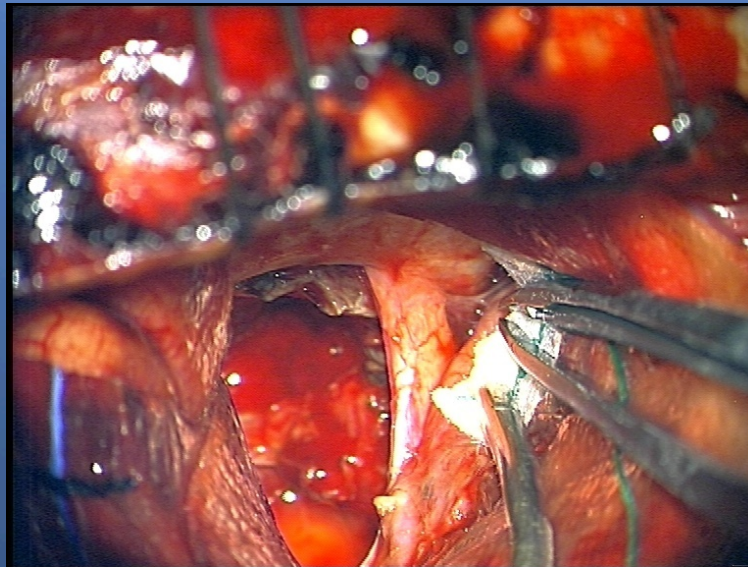
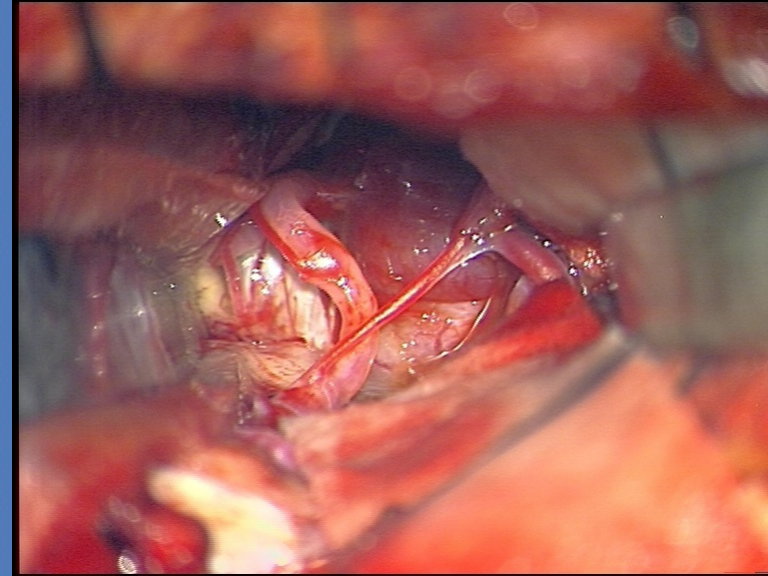
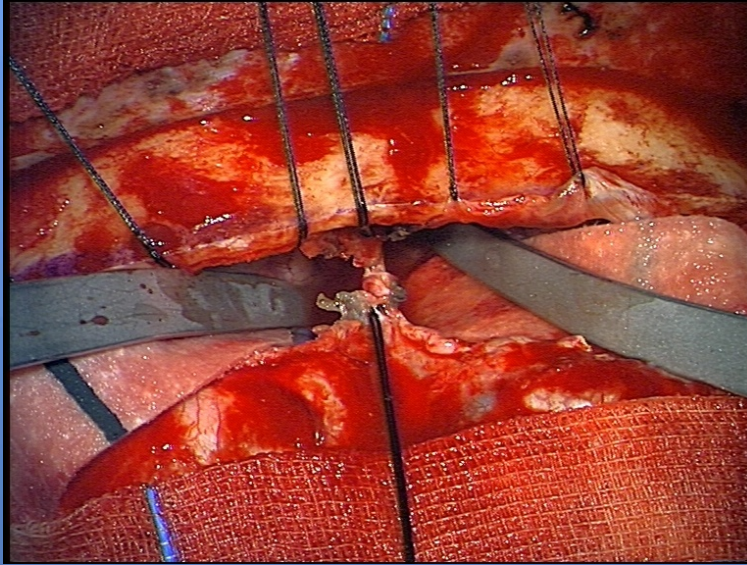


Macro adenoma con componente sovrasellare (RMN pre) Approccio Sub frontale

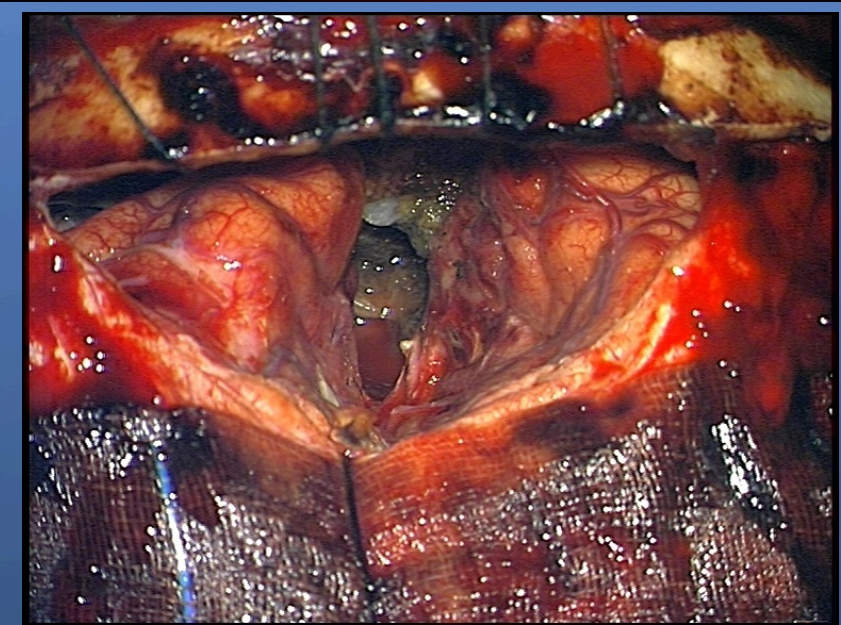
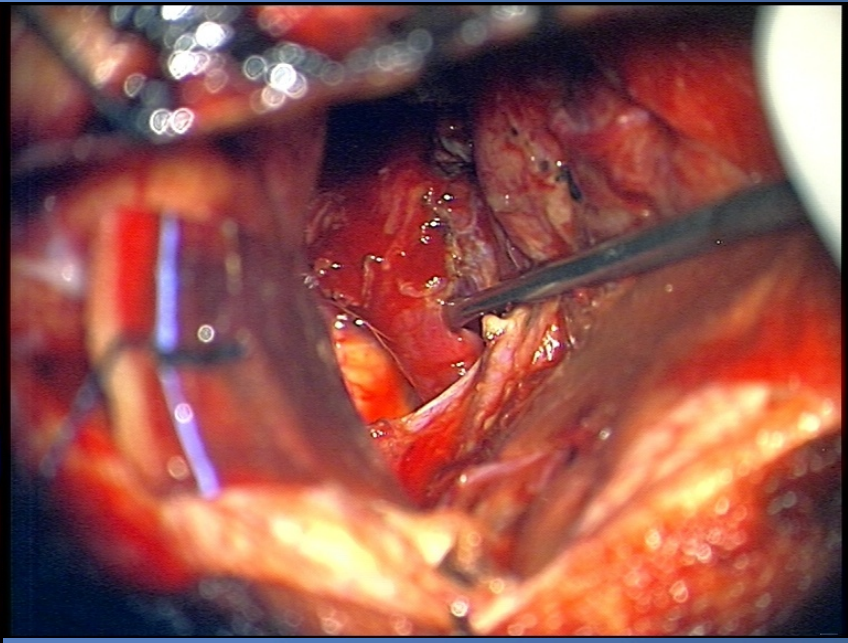
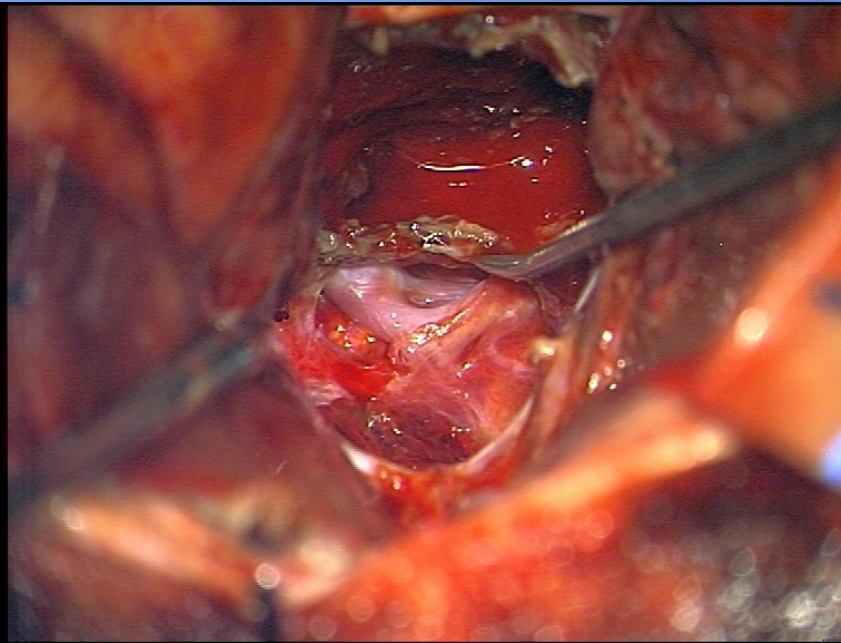




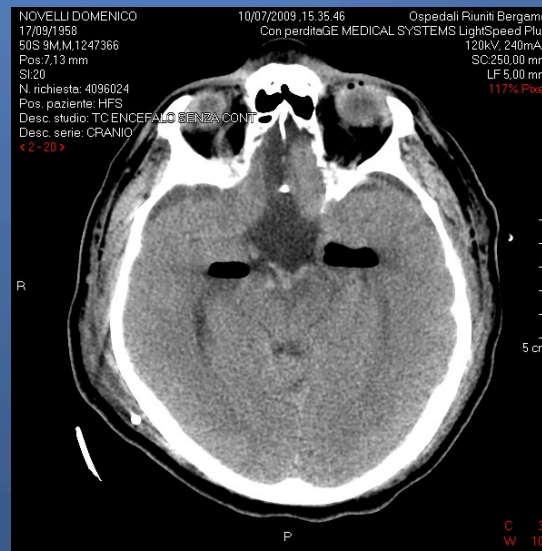
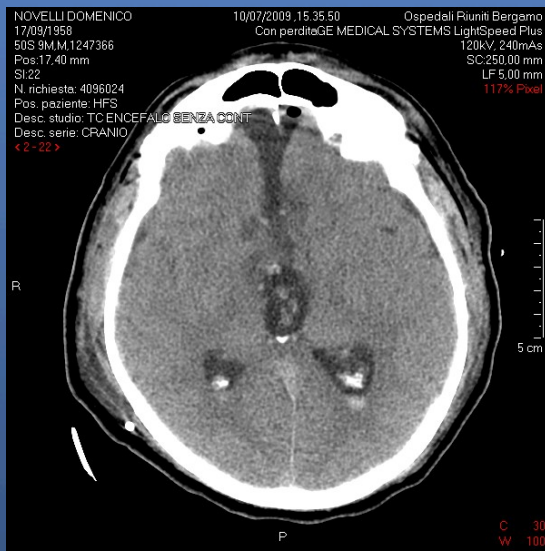
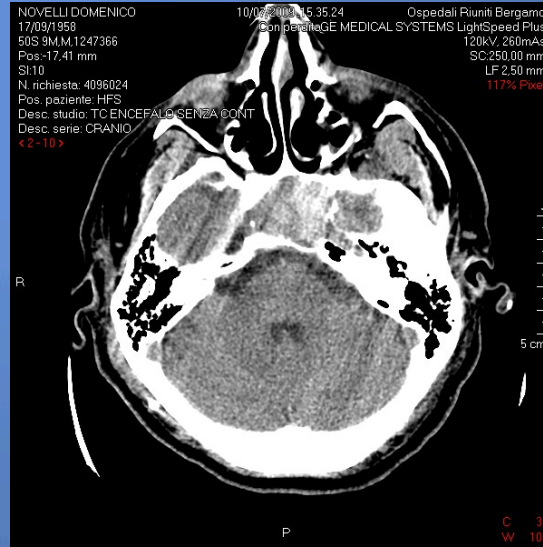
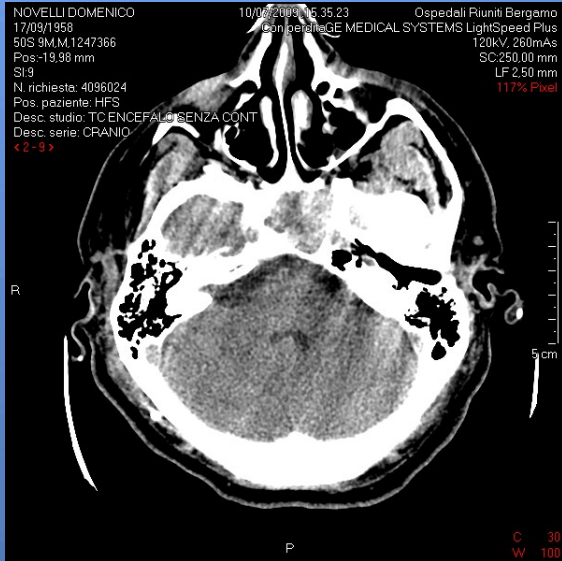
Intra operatorio



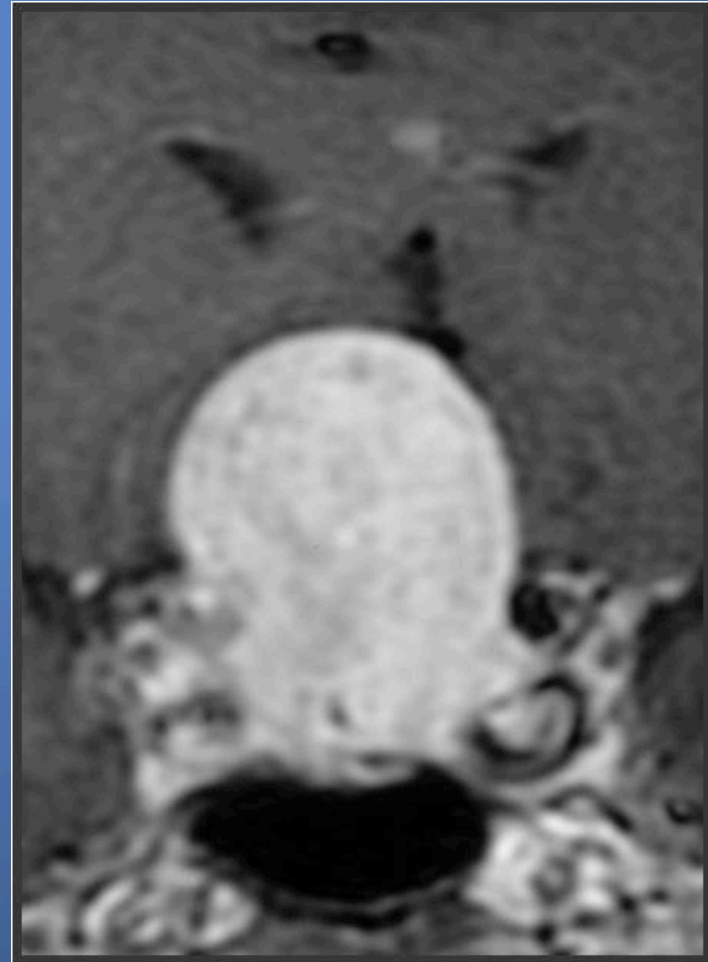
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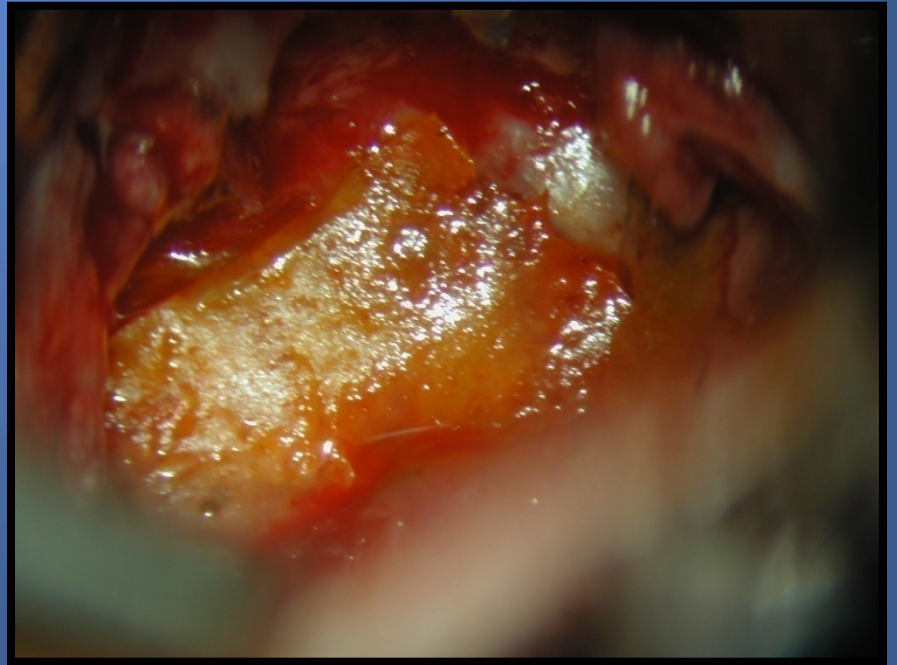
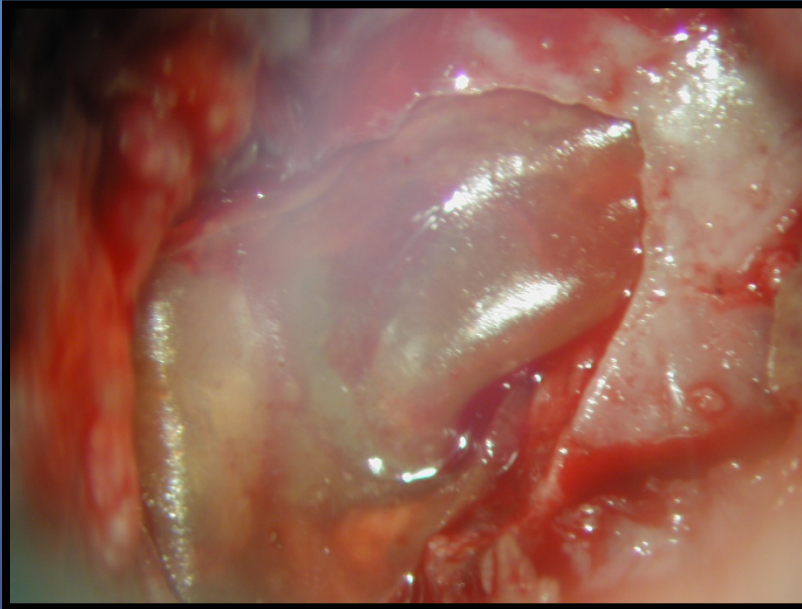
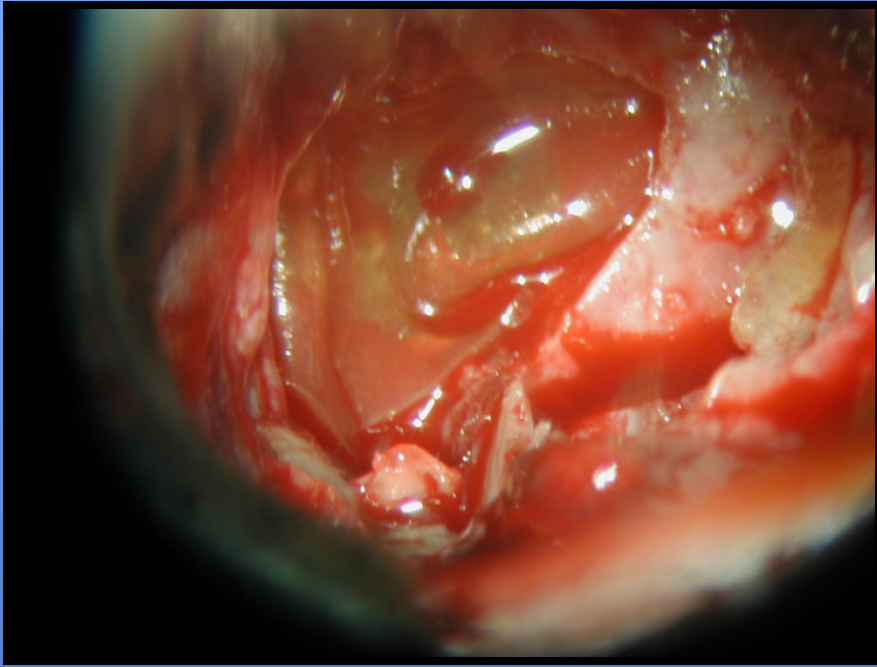
Tc Post Op



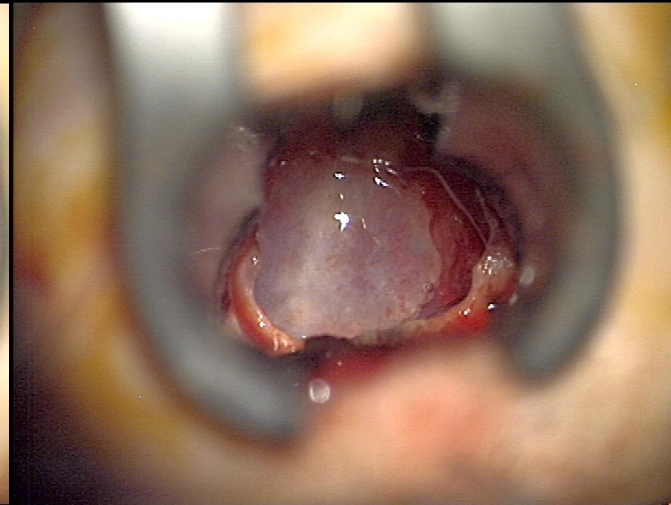
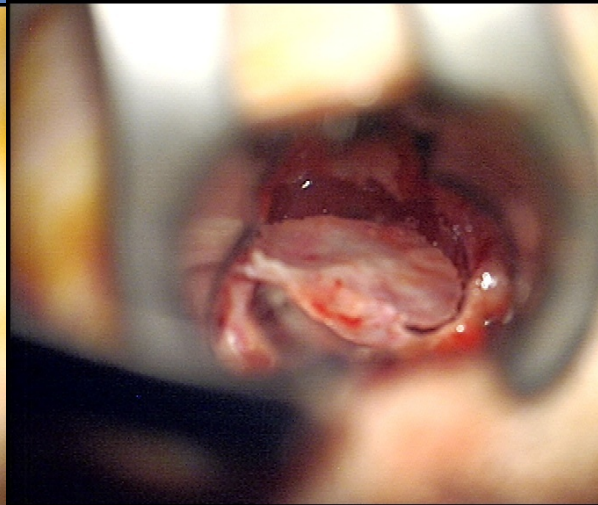
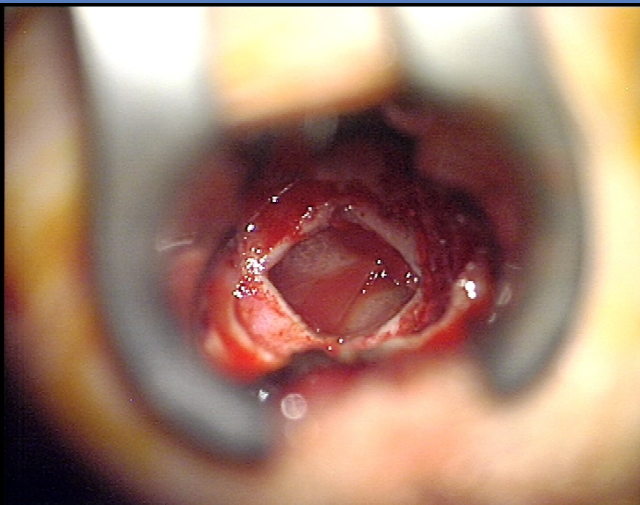
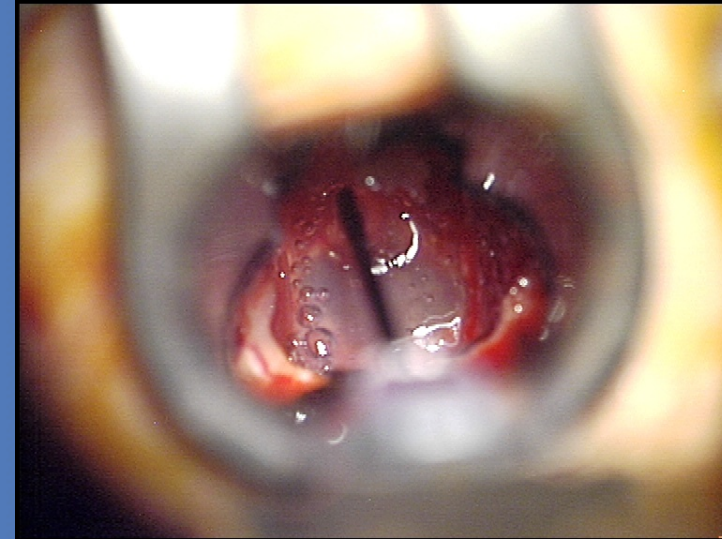
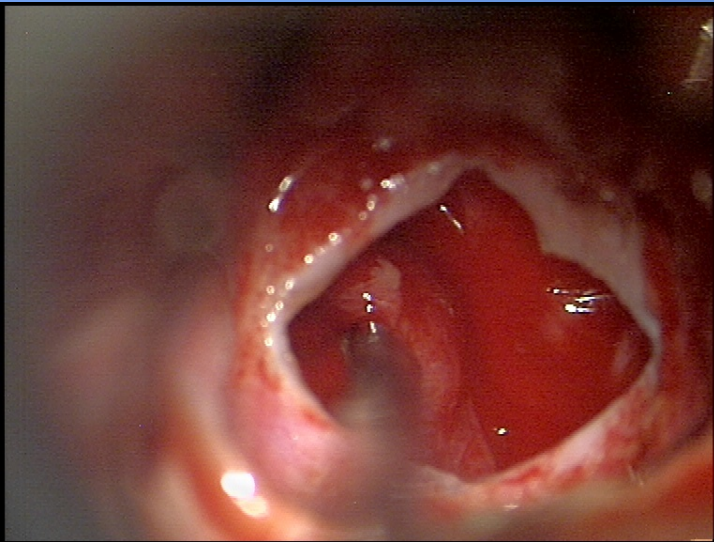
Adenoma ipofisario Transfenoidale



Ricostruzione con tissodu e tisseel

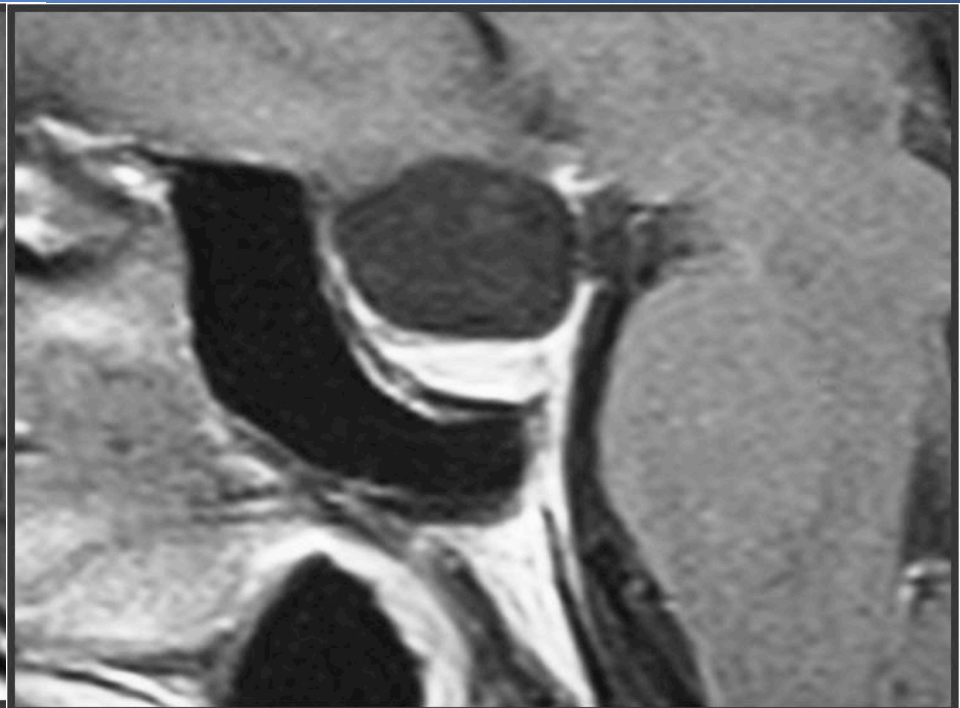
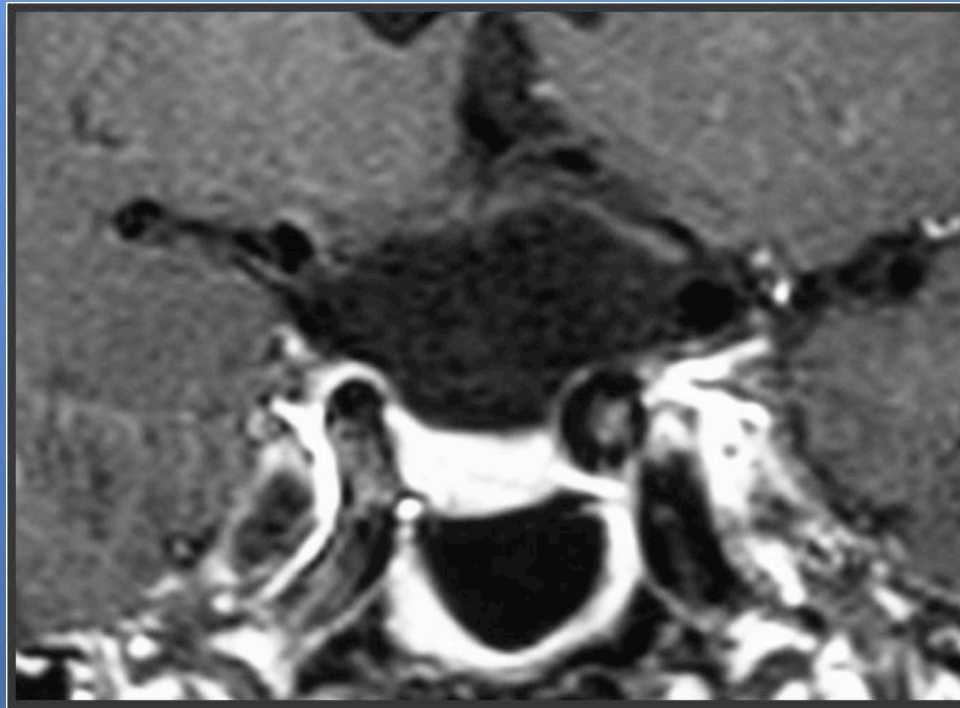


Intra operatorio



Posizionamento di lembo osseo libero

Post Operatorio

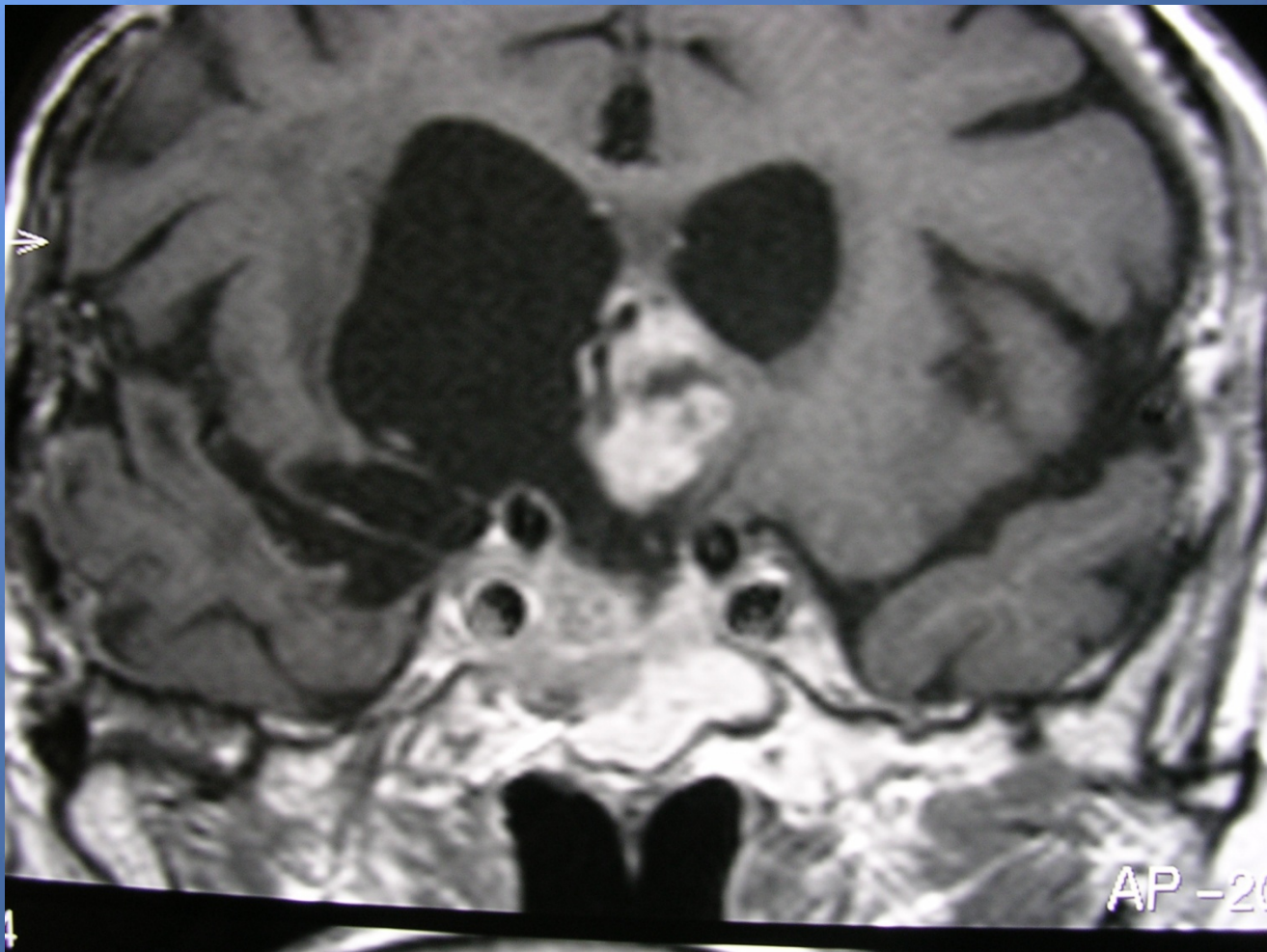


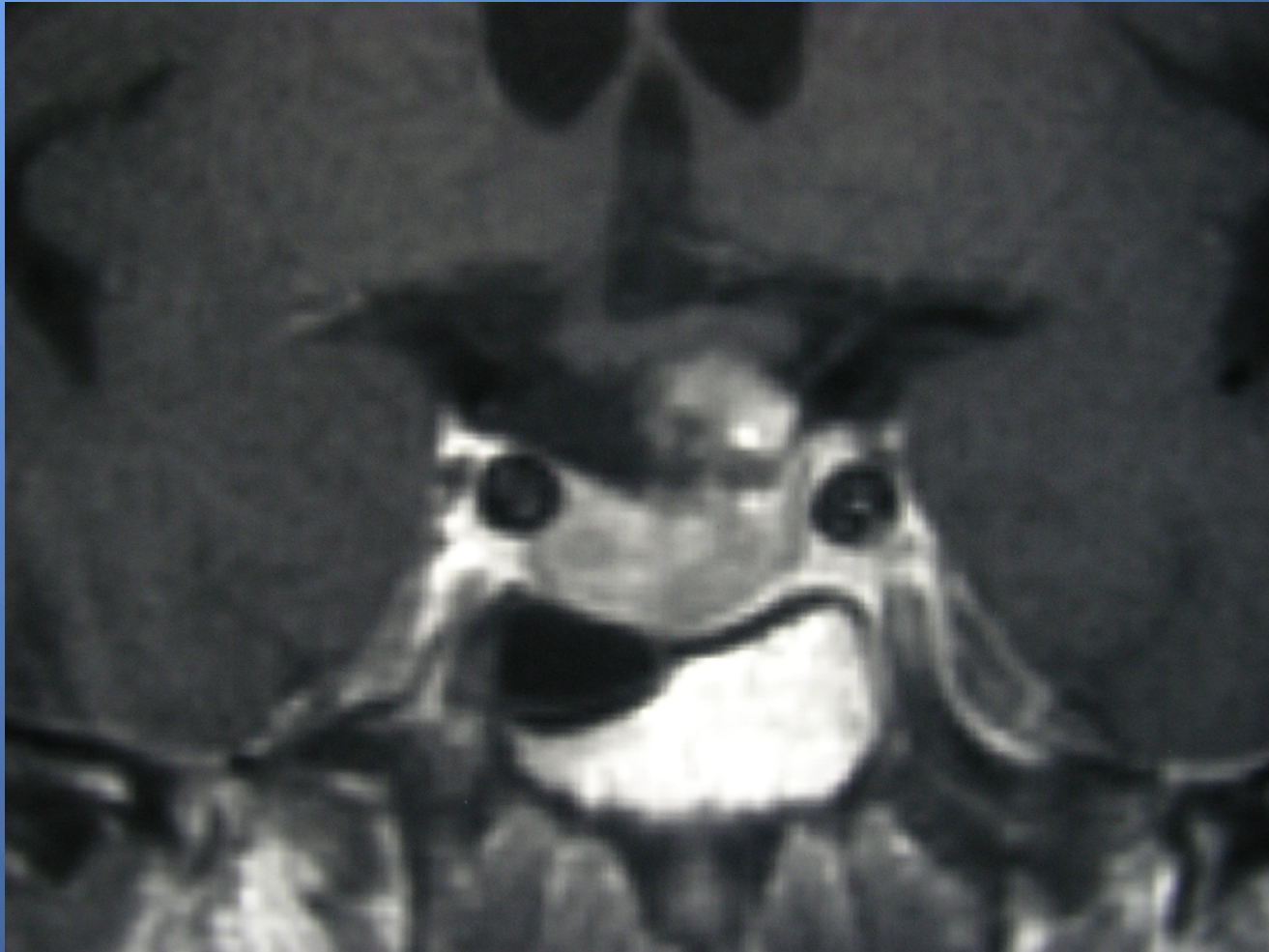
Radioterapia

- Radiochirurgia stereotassica
- Trattamento radioterapico frazionato
- Gammaknife, fotoni, cyberknife, protoni

Radioterapia

- Quando le opzioni chirurgiche sono esaurite?
- Pazienti non candidati alla chirurgia per condizioni cliniche scadenti o over 80 aa?





Considerazioni

- Il trattamento radiante rende più complesso e con maggiore morbidity un successivo trattamento chirurgico
- Si può considerare il trattamento radiante la fase conclusiva di un controllo di malattia nell'adenoma

Grazie per l'attenzione



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