Pituitary Incidentaloma

Initial evaluation, nonsurgical follow-up, and surgical indications for incidentally discovered pituitary lesions.

2011 Endocrine Society
Pituitary Incidentaloma Clinical Practice Guideline
Freda et al. · JCEM 2011;96:894-904

GRADE — 1 · Strong For | 2 · Suggest For | 2- · Suggest Against | Ungraded / Best Practice

1 Initial Evaluation

1 — All patients — **with or without symptoms** — undergo clinical and laboratory evaluation for **hormone hypersecretion** and for **hypopituitarism**.

1 — **Formal visual field exam** if the incidentaloma abuts or compresses the optic nerves/chiasm on MRI.

1 — Obtain an **MRI** in all patients — if the incidentaloma was found only on CT, get an MRI to better delineate its nature and extent.

2 Nonsurgical Follow-Up

2 — If no surgical criteria are met, follow with **repeat MRI** at **6 months** (macroincidentaloma) or **1 year** (microincidentaloma); if stable, repeat yearly (macro) or every 1–2 years (micro) for 3 years, then gradually less often.

2 — Repeat **visual field testing** only if the lesion enlarges to abut/compress the chiasm on follow-up imaging — not needed if not chiasm-adjacent, no new symptoms, and closely followed by MRI.

2 — **Hypopituitarism testing** at 6 months then yearly for macroincidentalomas; not needed for microincidentalomas that remain clinically and radiographically stable.

1 — **More frequent/detailed evaluation** if new symptoms develop or the incidentaloma grows on MRI.

3 Surgical Indications

1 — **Refer for surgery** if: visual field deficit or other visual/neurologic compromise from the lesion; lesion abutting/compressing the optic chiasm; pituitary apoplexy with visual disturbance; or a hypersecreting tumor other than a prolactinoma.

2 — **Consider surgery** if: clinically significant growth; loss of endocrine function; lesion near the chiasm with a plan to become pregnant; or unremitting headache.

Remember — Prolactin-secreting incidentalomas are managed medically (dopamine agonists) first — surgery for hypersecretion applies to non-prolactinoma tumors.

Freda PU, Beckers AM, Katznelson L, et al. Pituitary Incidentaloma: An Endocrine Society Clinical Practice Guideline. *J Clin Endocrinol Metab.* 2011;96(4):894-904.