2.3 to 2.3 Sng/ml

* Hyperprolactinoma

- Common disorder due to increase secretion of pituitary. Most common in women with long standing menstrual disorders less in male.
- PRL is sparingly secreted in circulation because its secretion is under inhibition by a PRL Inhibiting factor.

Causes:
i) Lactotroph adenoma (Prolactinoma)
ii) Lactotroph hyperplasia.
iii) Chest wall injury and spinal cord lesion.
iv) Chronic renal failure.
v) Cirrhosis.
vi) Empty sella syndrome
vii) Drugs: Chlorpromazine and oral contraceptives
viii) Increased prolactin in pregnancy.

Clinical features:
Women → Galactorrhea, Menstrual irregularity, Infertility. Amenorrhea.
Man → loss of libido, impotence, azoospermia
- Local pressure on optic chiasma, optic tract and third ventricle, causes visual field defect, Headache, papilledema, obstructive hydrocephalus.

Hook effect → To differentiate prolactinoma from nonfunctioning adenoma.

Diagnosis:
Serum Prolactin level above 200 ng/dl.
Thyroid function test, CT, MRI, PET.