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Preface

Update in pituitary disorders

As in other disciplines of medicine, the field of pituitary disorders has undergone rapid advances. This issue of *Best Practice and Research Clinical Endocrinology and Metabolism* synthesizes the most recent advances in clinical diagnosis and management of several pituitary disorders.

Yuen et al. focus their chapter on hypophysitis, which emerged as a new concept in the 1980s. In the past decade, recognition of the causes of hypophysitis, mainly secondary to immunomodulatory medications used in the treatment of cancer and immunoglobulin G4-related disease, has reignited interest in this condition. Rare diseases benefit from registries that improve systematic data gathering, knowledge sharing and standardizing medical practices for optimal care. This is well illustrated for acromegaly in the chapter by Maione and Chanson, in which available data involving more than 16,000 patients included in 19 national acromegaly registries are summarized.

Chanson and Maiter highlight some older data, which are still relevant, and provide insights into the epidemiology, diagnosis and treatment of prolactinomas, emphasizing the side-effects of dopamine agonists.

Surgery remains the treatment of choice in patients with Cushing's disease; however, what steps are needed if surgery fails or disease recurs after initial surgical cure? For these scenarios, several therapeutic options with their inherent characteristics are available and are reviewed by Rubinstein et al. Pituitary incidentalomas represent a modern clinical entity increasingly recognized as a result of improved access to imaging techniques. Boguszewski et al. propose practical management based on a review of the literature and their extensive experience. For over 30 years, magnetic resonance imaging has routinely been used for evaluating pituitary adenomas. Recommendations for imaging, however, have changed with time, and alternative magnetic resonance, computed tomography scan sequences, or both, have added potential value. Definitive treatment can now be established in some patients on the basis of functional and molecular imaging as detailed in the chapter by Bashari et al. Pituitary tumours, particularly when expanding upwards, may compress the optic pathways. Vié and Raverot describe how ophthalmological examination also includes precise measuring instruments, such as optical coherence tomography, which allows optic atrophy related to compression of the anterior optic tract to be evaluated.

Buchfelder et al. review the application and usefulness of several technical developments, such as the use of the endoscope and MRI neuronavigation. They also discuss the potential interest of new techniques, such as intraoperative Doppler probe, ultrasound, the value of intraoperative hormonal measurements or the preoperative use of dyes.

Minitti and Flickinger present a critical analysis of more recently published research on the use of radiotherapy in patients with non-functioning and secreting pituitary adenomas, focusing particularly on the risk–benefit ratio of modern radiation techniques.

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Progress in diagnosis and treatment of pituitary tumours has clearly improved morbidity and mortality; progress has also been made in how health professionals deal with patients with pituitary tumours. Indeed, Biermasz, in her chapter, describes how the disease burden for patients is now better accounted for, with more holistic tools for measuring outcomes in patients.

I am indebted to all the authors for their contributions, and am particularly grateful for their original synthesis of the research, which makes for enjoyable reading. I thank them for their patience and Mrs Maysoon Delahunty, Managing Editor, for her assistance in preparing the chapters. I hope you enjoy reading this issue as much as I did.

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