

P8. Recurrent early pregnancy loss as unusual and rare sign of pathological hyperprolactinemia

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Pathological hyperprolactinemia is one of the most common endocrine causes of menstrual disturbances and/or infertility. Elevated prolactin levels usually block ovulation and the majority of patients have oligomenorrhea and/or opsomenorrhea. However, regular cycles also can occur.

We analyzed data of 136 female patients with hyperprolactinemia: NonTumor hyperprolactinemia (n=42, 31%, age 37 (27; 44) y.o., PRL 1574 (1154; 2185) mU/l), MIcroadenomas (n=52, 38%, age 36.5 (25; 46) y.o., PRL 1500 (1052; 2278) mU/l), MAcroadenomas (n=42, 31%, age 50 (34; 61) y.o., PRL 3095 (1729; 18784) mU/l).

The majority of patients at reproductive age had menstrual disturbances. However, menstrual cycle was regular in 21 (50%) of NT cases and 25 (48%) of MI, among this subgroup of women there were 1) some cases of macroprolactin predominance with physiological monomeric prolactin levels, normal ovulatory cycles and normal fertility (16 NT, 11 MI); 2) some cases of regular cycles and unknown ovulation/fertility (unplanned pregnancy – 5 NT, 9 MI) and 3) some cases of ovulatory cycles against the background of the hyperprolactinemia with 2-4 episodes of early pregnancy loss in anamnesis (6 MI). Recurrent early pregnancy loss is not usually associated with hyperprolactinemia but these cases were characterized by absence of any other obvious reasons for miscarriages. All patients had microprolactinomas with mild hyperprolactinemia 900-1300 mU/l (UNL 540 mU/l), lack of macroprolactin and elevated monomeric PRL levels. They were treated with cabergoline for 3-6 months before the next conception and doses needed for normalization of PRL levels were 0,5-1,5 mg/w. Treatment was stopped when pregnancy was confirmed. Normal progression of pregnancy after treatment was observed in all cases that was considered as one more proof of the hypothesis that early pregnancy loss instead of menstrual disorders could also be a symptom of pathologic hyperprolactinemia.

Thus, we suggested that 1) prolactin testing is needed in cases of inexplicable

early pregnancy loss; 2) pituitary imaging is necessary for women even with mild elevation of monomeric prolactin; 3) monomeric prolactin levels should be normalized in women with regular ovulatory cycles to avoid early undesirable pregnancy termination.

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