

Introduction

Cushing disease (CD) defines a state of hypercortisolism caused by an ACTH-secreting pituitary adenoma. Effective treatment decreases morbidity and mortality. Trans-sphenoidal adenomectomy is the treatment of choice with recent popularity of endoscopic approach. The objective of this study is to retrospectively analyze the outcome of Cushing’s disease managed surgically and to outline the factor effecting its outcome.

Methods

Data of all patients undergoing surgery for CD from 2009-2016 were analyzed retrospectively. Post-operative cortisol level of < 2 µg/dL was taken as remission and value between 2 and 5 µg/dL as possible remission.

Results

123 patients of CD were included for analysis and were divided into two groups; Group A comprising 98 patients who underwent primary pituitary surgery and Group B of 25 patients who underwent pituitary surgery for non-remission.. Remission was achieved in 75% patients in group A and in 55% patients in group B. In statistical analysis, factors significantly associated with remission were (1) type of surgery (p=0.01); (2) postoperative day-1 morning cortisol (p=0.004 and; (3) postoperative day-1 morning ACTH (p=0.015). ROC curve showed a cut off value of morning serum cortisol to be 10.5 µgm/dl. The chance of remission was significantly more with endoscopy than microscopic or transcranial surgery.

Conclusions

Endoscopic TSS has taken over microscopic approach in the recent past and remission provided by endoscopy appears to be significantly better than microscopic approach.

Learning Objectives

to know the factors effecting remission of cushing's disease.

to compare the superiority of endoscopic if any over microscopic surgery

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