

# Hyperprolactinemia

<b>Physiological</b>	pregnancy, postpartal lactation, manipulation of the mamillae/breasts, stress (insulin hypoglycemia, operation etc.);
<b>Pathological</b>	prolactin producing pituitary gland adenomas (micro-, macroprolactinoma), perturbation of the PIH-(Prolactin inhibiting hormone) transport to the pituitary gland or of the PIH-production (e.g. compression by tumor), hypophyseal injuries, granulomatosis of basal meninges (e.g. sarcoidosis, M.Hodgkin), meningitis, encephalitis, para-/ suprasellar tumors (e.g. craniopharyngioma), severe primary hypothyroidism, chronic kidney failure;
<b>Drugs</b>	butyrophenone (haloperidol), chlorpromazine, cimetidine, domperidone, alpha-methyldopa, metoclopramide, estrogen (high dosage, e.g. in mamma carcinoma), perphenazine, pimozide, reserpine, sulpiride.

## *Clinical symptomatology of hyperprolactinemia:*

<b>Women</b>	amenorrhea, cycle abnormalities, anovulation, corpus luteum insufficiency, galactorrhea, libido perturbations, hirsutism, acne;
<b>Men</b>	libido abnormalities, potency disturbance, hypogonadism with or without gynecomastia, galactorrhea;
<b>both sexes</b>	sign of a pituitary gland tumor like anterior pituitary gland insufficiency, visual field restrictions, headaches.

For complete list of laboratory test offered at Freiburg Medical Laboratory, please visit <http://www.fml-dubai.com/parameter-listings/>