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**Display Settings:** AbstractClin Endocrinol (Oxf). 1985 Feb;22(2):201-7.**Follow-up of prolactin levels in long-term oestrogen-treated male-to-female transsexuals with regard to prolactinoma induction.**Gooren LJ, Harmsen-Louman W, van Kessel H.**Abstract**

As in laboratory animals, long-term oestrogen treatment in the human male might induce prolactinomas. We here report on PRL levels in 142 male-to-female transsexuals, treated with 100 mg cyproterone acetate and 100 micrograms ethinyloestradiol per day for 6-108 months (median 52). PRL levels varied markedly between individuals. No relation with age and length of treatment period was found. In 42 subjects in whom PRL levels were followed serially, a slight fall was measured after 12-15 months of treatment. Galactorrhoea, present in 10 of 142 subjects, was unrelated to PRL levels. In 34 subjects in whom PRL levels were measured during treatment and 3 weeks after withdrawal, PRL levels fell significantly. Dopamine in doses of 0.1 microgram/kg/min and 1.0 microgram/kg/min was administered to six subjects with PRL levels greater than 1000 mU/l and six subjects with PRL levels less than 500 mU/l. No difference in the percentage decrease of PRL levels was found between these two groups. However, administration of moniodotyrosine, an inhibitor of central dopamine synthesis, to these two groups, induced a significantly smaller release of PRL (expressed as percentage change) in subjects with PRL greater than 1000 mU/l than in those with PRL less than 500 mU/l possibly indicating a loss of control of central dopaminergic regulation. These findings suggest that the risk of inducing prolactinomas through cross-gender hormone treatment is likely to be small.

PMID: 3157511 [PubMed - indexed for MEDLINE]

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