# Pituitary Tumours in Children – an Adult Endocrinologist's perspective.

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Pituitary adenomas are uncommon in childhood and adolescence and account for <3% of supratentorial tumours. Most of them are functioning (with a dominance of prolactinomas) and typically present with manifestations of hormonal excess, visual deterioration or hypopituitarism. Management depends on the type of adenoma and includes surgery or medical treatment. Notably, increased cardiovascular risk factors and infertility in adult life have been proposed as important factors requiring attention during the follow-up of these patients. Genetic causes need to be considered in a patient with a pituitary adenoma diagnosed during childhood or adolescence and close collaboration with genetics experts facilitates optimal approach to this issue.

Amongst other pituitary tumours, craniopharyngiomas account for 5.6–15% of the intracranial tumors in children, being the commonest lesions to involve the hypothalamo-pituitary region in this age group. They are one of the most challenging sellar lesions associated with significant morbidities (endocrine, visual, hypothalamic, neurocognitive) and mortality. Various management options are available and a truly multidisciplinary approach is vital for optimal outcomes.

Life-long follow-up is mandatory [for the consequences of the tumour, its possible recurrence(s) and the adverse sequelae of various treatments].