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Title: Clinical significance of sleep-disordered breathing (SDB) and obstructive sleep apnea (OSA) in patient with pituitary adenomas

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Body: A pituitary adenoma(PA) causes different symptoms, depending on its size and location and on the type of hormone that is being made. SDB and OSA are atypical presentation of PA secreting ACTH and GH. However, the non-secreting adenomas may cause alterations of sleep architecture. The aim of the study was to evaluate clinical and sleep characteristics in a group of patients with functioning (FPA) and non-functioning pituitary adenomas (NFP). We recruited 6 pts with SDB and PA. Physical and anthropometric examination were performed ES score and BMQ modified has been used to diagnose sleep disorders symptoms. SDB were studied by means of overnight polysomnographic study in our sleep lab. The scoring criteria were according to event definition by AASM. SDB were documented in 6 pts (3 M, mean age 50.8 yrs and mean BMI 35), with PA. Three NFPA, two patients with FPA and one with acromegaly, were diagnosed after neurosurgery resection. ESS mean reported were 10, mean SaO₂ was 93 ± 5% and AH index were 6.7 ± 1.7, with a prevalence of obstructive events. ODI mean 7.8 ± 1.2., REM sleep duration mean 15.4±6.8% of total sleep time and SWS mean was 22.4±11.1%. In acromegaly patient, was found a worsening of sleep parameters compared to other patients (AHI 18.4; AHI supine 29.6; ODI 12.7), successfully treated with CPAP therapy. SDB in patients with FPA and NFPA are underdiagnosed. Although the patients with NFPA and Cushing's syndrome were affected by a mild OSA, they reported sleepiness symptoms. Expert consultation and a multidisciplinary approach to sleep disordered are needed in patients with PA.