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Once again the brain can cause impotence

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Background & Aim: Primary Care and Endocrinology. Clinical case found at Primary Care visit. 47 year old male who complained about impotence and dysuria. The importance of this case highlights the value of a good differential diagnosis made by the General Practitioner with the materials of Primary Care assistance.

Method: On the first visit, the patient complained of dysuria and impotence. He showed neither signs of fever nor localized pain. Unsafe sexual relations. We ordered him laboratory tests with normal blood count, biochemistry and SPA, negative urine culture. We agreed that the best course of action was to wait for any evolution. Three months later the patient returned describing the same symptoms, so we decided to send him to the Urologist. They prescribed 160mg of Serenoa Repens per day, and another analytics and renal radiography that showed normal results except for high levels of prolactin in his blood. The test was repeated, finding even higher levels of prolactin in the blood. We sent the patient to the Endocrinologist.

Results: The Endocrinologist ordered a cerebral MRI where they found a pituitary macroadenoma. The prescribed 0.5mg of Cabergolina per day, and sent him to the Oftalmologist, another analytics and pituitary MRI were required. They found a pituitary macroadenoma with enlargement of the sella turcica. Optic quiasm: normal. Oftalmological evaluation: normal. They decide to review the patient in a year with new MRI. No surgical treatment was necessary. They continued treating the patient with Cabergolina showing good results until today.

Conclusions: The constant supervision of the General Practitioner was fundamental to monitor the symptoms of the patient, and recognize the need for a hormonal study on the second visit. This figure is important to follow the patient recovery and to guarantee a personal assistance as the general practitioner accompanies the patients throughout their lives.