GALACTORRHOEA OR MENSTRUAL ABNORMALITIES - WHICH IS A BETTER CLINICAL INDICATOR OF HYPERPROLACTINAEMIA?

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BACKGROUND: Hyperprolactinaemia could present with galactorrhoea, amenorrhoea or oligomenorrhoea and infertility. In resource poor settings where assay for prolactin may not be readily available, looking out for the best clinical indicator for hyperprolactinaemia may be helpful in management of infertility at the primary care level.

OBJECTIVE: To determine which is a better indicator of hyperprolactinaemia among galactorrhoea and menstrual abnormalities (amenorrhoea and oligomenorrhoea)

DESIGN: Cross-sectional study.

SETTING: A tertiary teaching hospital.

PATIENTS: Women attending infertility clinic.

METHODS: Prolactin was assayed using the ELISA method and menstrual abnormalities refer to amenorrhoea or oligomenorrhoea for this study.

INTERVENTIONS: Clinical history, examination and prolactin assay

OUTCOME MEASURES: Sensitivity, specificity, positive and negative predictive values of galactorrhoea and menstrual abnormalities in hyperprolactinaemic patients with infertility.

RESULTS: Of the 207 women studied, 75(36.2%) had hyperprolactinaemia. Menstrual abnormalities were present in 111(53.6%) and galactorrhoea in 129(62.3%) of the 207 patients. Amongst the 111 with menstrual abnormalities, 33(29.7%) had hyperprolactinaemia while 51(39.5%) of the 129 with galactorrhoea had hyperprolactinaemia. Galactorrhoea has a higher sensitivity(68%), higher positive predictive value(39.5%) and higher negative predictive value(69.3%) compared to menstrual abnormalities with sensitivity of 44%, positive predictive value of 29.7% and negative predictive value of
56.3%. Specificity was 40.9% for both.

CONCLUSION: Galactorrhoea is a better clinical indicator of hyperprolactinaemia when compared with menstrual abnormalities.