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# Galaktoreja uz normoprolaktinemiju kod pacijentice na terapiji risperidonom: prikaz slučaja i dijagnostičko-terapijske implikacije

## */ Galactorrhea With Normoprolactinemia in a Patient Treated With Risperidone: A Case Report and Diagnostic and Therapeutic Implications*

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Uvod: Neuroendokrini poremećaji, posebice hiperprolaktinemija i posljedična galaktoreja, ubrajaju se među poznate i dokumentirane nuspojave atipičnog antipsihotika risperidona. Međutim, pojava galaktoreje uz normoprolaktinemiju znatno je rjeđe pojavnosti i otvara pitanja o alternativnim mehanizmima nastanka kao i o daljnjoj obradi i pristupu. Prikaz slučaja: Pacijentici u dobi od 18 godina uveden je risperidon u dozi od 2 mg zbog psihotičnih fenomena i agresivnih pulzija. Prethodni endokrinološki status bio je bez osobitosti. Nakon kraćeg perioda od početka terapije pacijentica primjećuje iscjedak iz dojke, a kliničkim pregledom verifi-

Introduction: Neuroendocrine disorders, especially hyperprolactinemia and consequent galactorrhea, are among the well-known and documented adverse effects of the atypical antipsychotic risperidone. However, the occurrence of galactorrhea with normoprolactinemia is much rarer and raises questions about alternative mechanisms of onset as well as about further work-up and clinical approach. Case report: An 18-year-old female patient was started on risperidone 2 mg due to psychotic phenomena and aggressive impulses. Her previous endocrinological status had been unremarkable. After a short period following treatment initiation, the patient noticed breast discharge, and clinical examination

cira se bilateralna galaktoreja. Menstrualni je ciklus bio uredan. U diferencijalnodijagnostičke svrhe provedena je obrada. Laboratorijski nalazi potvrdili su vrijednosti serumskog prolaktina unutar referentnog intervala (209,230 mIU/L). Tireoidni status bio je uredan kao i UZV dojki (BI-RADS 1). MR mozga i pregledi specijalista isključili su organske i endokrine razloge razvoja galaktoreje. Zbog perzistiranja simptoma risperidon je elektivno isključen iz terapije nakon čega se prati se potpuna regresija galaktoreje. Ponovni test izloženosti nije primijenjen zbog bioetičkih razloga. Rasprava: Brojne kliničke studije i sustavni pregled literature potvrđuju da je antipsihoticima inducirana hiperprolaktinemija čest fenomen koji pogađa čak do 70 % populacije pacijenata liječenih od shizofrenije, dok je pojava normoprolaktinemijske galaktoreje rjeđe dokumentirana i ograničena je na sporadične prikaze slučajeva i manje serije slučajeva, a u kliničkom radu implicira dileme. Kod pacijentice su dostupnim pretragama isključeni endokrinološki uzorci i organska patologija tkiva dojke, a literatura kao moguće objašnjenje nudi tranzitorne fluktuacije lučenja prolaktina, teoriju tkivne hipersenzitivnosti, heterogenost molekule prolaktina te ulogu serotonina. Zaključak: S obzirom na dob i alternativna psihofarmakološka rješenja kod pacijentice, risperidon je elektivno isključen iz terapije. Prestanak galaktoreje snažno implicira ulogu psihofarmaka u ovom fenomenu. Slučaj pokazuje da uredne vrijednosti prolaktina nužno ne isključuju posredovanje lijeka u nastanku galaktoreje te naglašava potrebu za multidisciplinarnim pristupom.

confirmed bilateral galactorrhea. The menstrual cycle was regular. A diagnostic work-up was performed for differential diagnostic purposes. Laboratory findings showed serum prolactin values within the reference range (209,230 mIU/L). Thyroid function was normal, as was the breast ultrasound (BI-RADS 1). Brain MRI and specialist examinations excluded organic and endocrine causes of galactorrhea. Due to the persistence of symptoms, risperidone was electively discontinued, after which complete regression of the galactorrhea was observed. A rechallenge test was not performed for bioethical reasons. Discussion: Numerous clinical studies and systematic literature reviews confirm that antipsychotic-induced hyperprolactinemia is a common phenomenon affecting up to 70% of patients treated for schizophrenia, whereas the occurrence of normoprolactinemic galactorrhea is less frequently documented and limited to sporadic case reports and small case series, which creates dilemmas in clinical practice. In this patient, endocrinological causes and organic breast pathology were excluded with the available tests, and the literature offers as possible explanations transient fluctuations in prolactin secretion, the theory of tissue hypersensitivity, heterogeneity of the prolactin molecule, and the role of serotonin. Conclusion: Given the patient's age and the availability of alternative psychopharmacological options, risperidone was electively discontinued from therapy. The cessation of galactorrhea strongly implies a role of the psychotropic medication in this phenomenon. The case shows that normal prolactin values do not necessarily exclude a drug-mediated mechanism in the development of galactorrhea and highlights the need for a multidisciplinary approach.