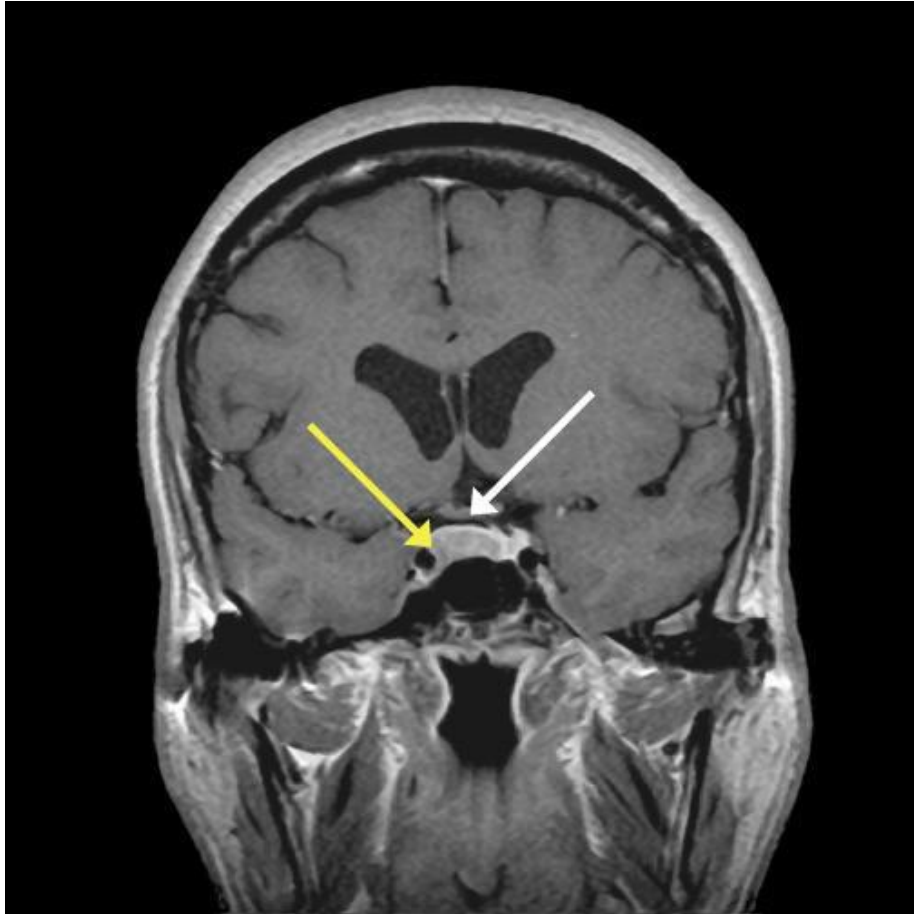


Case study:
ECT and a pituitary adenoma

- 39 year old woman
- Longstanding depression of moderate degree but with episodes of self harm and overdosing on medication.
- History of trauma, background of relationship difficulties
- Many antidepressants, SSRIs, SNRIs, NRI, lithium, lamotrigine, pregabalin
- CBT, EMDR, mindfulness

- March 2018 raised prolactin 1038 with mild galactorrhoea
- Asking for ECT
- Referred to endocrine clinic
- MRI pituitary macroadenoma, visual fields ok, no pressure effects, raised prolactin likely to be due to stalk compression.



- ECT started - 16 treatments
- HAMD - 17 at start, down to 11 at treatment 8, 14 at end
- Started maintenance, current HAMD – 15
- ECT with propofol, suxamethonium, hydrocortisone 100mg each treatment

ECT in patients with intracranial masses

Rasmussen et al 2007

- Case studies suggest ECT safe if tumours are
 - Small
 - Solitary
 - No mass effect
 - No oedema
 - No raised ICP
- Watch for new onset focal neurology
- Consent should include additional risk