

Response to Letter to the Editor: “Predictors of Postoperative Diabetes Insipidus Following Endoscopic Resection of Pituitary Adenomas”

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We thank Dr. Zambrano-Santos and colleagues for their comments on our recent paper describing risk factors for postoperative diabetes insipidus (DI) [1]. In response to their letter, we reassessed the patients in our study whom we classified as having permanent DI to determine if the condition had resolved. These patients have been followed for a mean of 54 months (range, 18 to 78 months), and only one patient had resolution of symptoms, approximately 3 years after the surgery. One other patient had partial resolution and no longer required regular treatment, although she continues to experience polyuria, and the urine has never exceeded a specific gravity of 1.010. If we exclude these two patients from our cohorts, the incidence of permanent DI at our institute will be ~3% after a mean of 4.5 years of follow-up.

This clinical experience matches quite nicely with that described by Adams *et al.* [2], in which there is rapid resolution of DI in most patients, and then resolution of another ~10% of individuals if followed for extended periods. The difference between 3 and 6 months postoperative information appeared to be minimal, as was observed in our data.

Last, we are in agreement with Zambrano-Santos *et al.* about the need for periodic reassessment to identify cases in which DI resolves over time. However, we would disagree with the concept of weekly challenge for 6 months and would concur with the plan as described by Prete *et al.* [3], in which evaluation every couple of weeks is sufficient. Also, because these authors would surely agree, the polyuria that occurs with true DI is not subtle, so that an evaluation of symptoms after holding DDAVP for one to two doses usually provides an answer, and laboratory testing is typically not necessary, except in certain cases.

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References and Notes

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