## Indocyanine green endoscopy to evaluate pituitary blood flow in pituitary tumors

- - Shingo Fujio<sup>1,2</sup>, Ryutaro Makino<sup>1,2</sup>, Jun Sugata<sup>1,2</sup>, Tomoko Hanada<sup>1,2</sup>, Ryosuke Hanaya<sup>1</sup>
- 1. Department of Neurosurgery, Graduate School of Medical and Dental Sciences, Kagoshima University
- 2. Pituitary Disorders Center, Kagoshima University Hospital, Kagoshima, Japan

### Purpose

>We aimed to assess the use of indocyanine green (ICG) fluorescence endoscope to evaluate pituitary blood flow in pituitary tumors during resection.



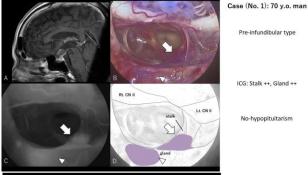
# Craniopharyngiomas

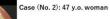
### Methods

- When targeted tumor removal was approaching completion, 10 mg of ICG was administered intravenously, and blood flow in the pituitary stalk and gland was evaluated.
- Subsequently, ICG signals and endocrinological status before and after surgery were evaluated retrospectively.

### Results

Case	Age/Sex	Subtype	Kassam's classification	Removal rate	ICG signal				Hypopituitarism	
					Stalk	Pituitary gland	Stalk processing	Recurrence	Pre-OP	Post-OP
10	70/M	ACP	pre-	GTR	++:	**	preserve	-	none	none
2	47/F	ACP	pre-	GTR	++	+	preserve	-	none	none
3	68/M	ACP	pre-	GTR	÷	++*	preserve		none	AI, HT, sGHD, DI, HG
4	67/F	PCP	trans-	STR	+	++*	preserve	+**	AI, HG, GHD	AI, HT, sGHD, DI
5	58/M	PCP	retro-	STR		+	preserve		HG	AI, HT, sGHD DI, HG
6	71/F	ACP	pre-	STR	+	++	preserve		none	none
7	29/F	ACP	trans-	GTR		++*	sacrifice		HG	AI, HT, sGHD, DI, HG
8	64/F	unknown	pre-	STR	+	++	preserve		none	HT
9	35/F	ACP	trans-	GTR	0	+	sacrifice	2	HG, GHD	AI, HT, sGHD, DI, HG
10	57/M	PCP	pre-	GTR	+		preserve		none	AI, HT, DI, HG





Pre-infundibular type

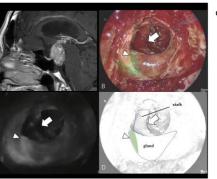
ICG: Stalk ++, Gland ++

No-hypopituitarism

Pre-infundibular type

ICG: Stalk ++, Gland +

No-hypopituitarism

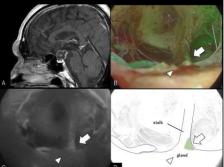


#### Case (No. 5): 58 y.o. man

Retro-infundibular type

ICG: Stalk -, Gland +

Hypopituitarism



Pre-infundibular type

Case (No. 10): 57 y.o. man

ICG: Stalk +, Gland

Hypopituitarism

### **Discussions**

- > In a study of 54 patients with craniopharingiomas, there was no significant difference in the recurrence rate with or without stalk preservation in GTR.
  - Ordóñez-Rubiano EG, et al. J Neurol Surg, 2019
- > A recent report showed an increased tumor recurrence rate with preservation of the pituitary stalk.

Bobeff EJ, et al. J Neurosurg, 2023

- > Naturally, amputation of the pituitary stalk requires patients to undergo permanent hormone replacement, leading to a reduced quality of life. However, stalk preservation does not always lead to the preservation of pituitary function.
- > We showed that a negative ICG signal is likely to indicate postoperative loss of pituitary function.
- > Craniopharingiomas surgery with ICG endoscopy may be useful in determining whether to preserve the pituitary

# **PitNETs**

### Methods

- > When the surgeon exposed the dura mater of the sella during surgery, 10 mg of ICG was administered intravenously.
- > Subsequently, we observed the ICG signal of tumor and pituitary

### 54y F: Thyrotroph PitNET

#### Pre-operative MRI



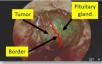


The pituitary gland remained chromogenic for a relatively long time after ICG administration

#### 31y F: Corticotroph PitNET

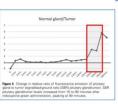








### Discussions



- Moto J, et al. showed the obvious differences in fluorescence intensities between the normal gland and tumor during endoscopic surgery at 15-90 minutes after ICG administration
  - Muto J, et al. World Neurosurg, 2023
- > In our study, the pituitary gland remained chromogenic for a relatively long time after ICG administration than biological half-time.
- > Differences in the amount of ICG remaining in the tissue may discriminate between pituitary gland and tumor.

### Conclusions

- Craniopharyngioma surgery using ICG endoscopy may be useful for predicting endocrine prognosis and improving tumor outcomes.
- In PitNETs, differences in the blood flow and the amount of ICG remaining in the tissue may discriminate between pituitary gland and tumor.

