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Manuscript Type: REVIEW

Pituitary stalk interruption syndrome and liver changes: from clinical features to mechanisms

pituitary stalk interruption syndrome and liver

Abstract

Pituitary stalk interruption syndrome (PSIS) is a rare congenital abnormality characterized by thinning or disappearance of the pituitary stalk, hypoplasia of the anterior pituitary and an ectopic posterior pituitary. Although the etiology of PSIS is still unclear, gene changes and perinatal adverse events such as breech delivery may play important roles in the pathogenesis of PSIS. PSIS can cause deficiencies of many kinds of hormones, such as growth hormone, which then cause a series of changes in the human body. On the one hand, hormone changes affect growth and development

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Pituitary stalk interruption syndrome (PSIS) is a rare congenital defect manifesting with varying degrees of **pituitary** hormone deficiency. The signs and symptoms of PSIS during the neonatal period and infancy are often overlooked and therefore diagnosis is delayed. The typical manifestations of PSIS can be detected by magnetic resonance imaging.

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Pituitary stalk interruption syndrome (PSIS) consisting of the triad: ectopic posterior **pituitary** (EPP), thin or absent **pituitary stalk** and anterior **pituitary** hypoplasia is a rare **pituitary** malformation with variable degrees of **pituitary** insufficiency, from isolated growth hormone deficiency to TSH, gonadotropin and ACTH deficiency which may occur in time, with normo, ...

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Purpose of review: **Pituitary stalk interruption syndrome** (PSIS) is characterized by a thin or absent **pituitary stalk**, hypoplasia of the adenohypophysis, and ectopic neurohypophysis. PSIS manifestations include a wide spectrum of **clinical** phenotypes and **pituitary** hormone deficiencies of ...

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Pituitary stalk

The pituitary stalk is the connection between the hypothalamus and the posterior pituitary. The floor of the third ventricle is prolonged downward as a funnel-shaped recess—the infundibular recess—into the infundibulum, where the apex of the pituitary is attached. It passes through the dura mater of the diaphragma sellae as it carries axons from the magnocellular neurosecretory cells of the hypothalamus down to the posterior pituitary where they release their neurohypophysial hormones, oxytocin and vasopressin, into the blood.

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