

Right sub frontal craniotomy was the approach used in 46 patients (83.6%) and trans-sphenoidal approach was performed in 9 patients (16.4%). Gross total resection of the tumor (capsular) was achieved in 29.1% (Figure 4) and subtotal resection (intracapsular) in 70.9%. Benign

chromophobe adenoma was the commonest pathological finding, which accounted for 56.3% of cases, followed by acidophilic adenoma in 41.8%. While all aggressive pituitary adenomas were acidophilic and account about 9% (5 patients).

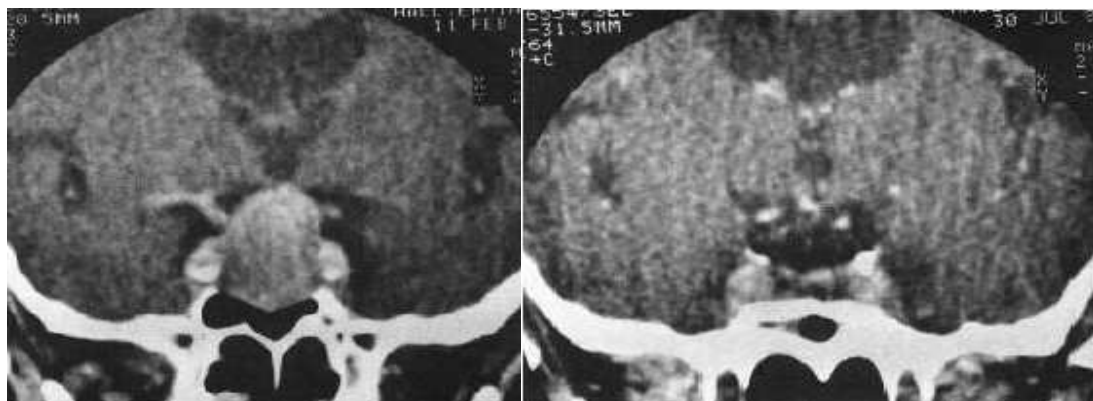


Figure 4: Brain CT scan (coronal sections) of pituitary adenoma showing suprasellar extension (Pre- operative Lt. and post operative Rt.)

All aggressive adenomas had postoperative radiotherapy (all of them did not complete their course) however three of them had recurrences after one year, there was no relation between recurrence and the type of adenoma or the extent of surgical

resection. Early postoperative complications (Table 11) included diabetes insipidus (DI) in 6 patients, 2 of them following trans-sphenoidal approach, and fortunately only one patient had permanent DI who need permanent antidiuretic hormone (DDAVP) treatment.

Table 11: Post-operative complications

Complication	Approach	No.	Percentage	Percentage from total
CS leak + meningitis	Transcranial	1/46	2.1	1.8
Infected wound	Transcranial	1/46	2.1	1.8
Diabetes Insipidus	Transcranial	4/46	8.6	10.9
	Trans sphenoidal	2/9	22.2	
Hypothyroidism	Transcranial	4/46	8.6	7.2
Unilateral anosmia	Transcranial	46/46	100	83.6
Hematoma	Transcranial	1/46	2.1	1.8
Recurrence	Transcranial	3/46	6.5	5.4
Post radiotherapy glioma	Transcranial	2/46	4.3	3.6
Death	(Previous op.) Transcranial	3/46	6.5	5.4