

Empleo de un nuevo protocolo de extraccion y disminucion de las falsas hiperprolactinemias.

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INTRODUCTION: Numerous authors have reported that prolactin measurement is influenced by several factors and consequently the values obtained may not faithfully reflect the physiological reality of the individual studied. Unless a series of measures is adopted, especially in the pre-analytic stage, values may be falsely elevated. The objective of the present study was to evaluate the extent to which optimization or non-optimization of the extraction procedure translates into higher results and how reports expressed in terms of monomeric (biologically active) prolactin could be crucial to adopt a diagnosis and therapeutic approach.

MATERIAL AND METHODS: We performed two extractions in each woman (following the protocol universally used for this kind of analysis): one through direct puncture and another 60 min later without a new puncture (a catheter was inserted in the site of the first puncture and kept permeable by salinization). The monomeric fraction was then studied, if required.

RESULTS: A statistically significant difference was observed between the 2 extractions. The monomeric fraction was three times lower in the second extraction than in the first.

DISCUSSION: The results of this study justify systematic use of extraction techniques that avoid the stress of venous puncture, as well as the use of the term biologically active prolactin [monomeric (little) prolactin fraction] in reports.

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