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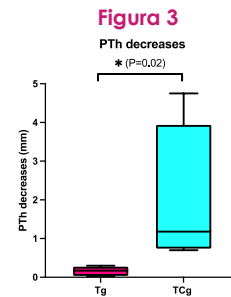
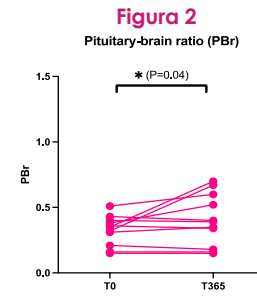
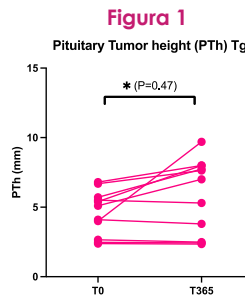
Addition of cabergoline to trilostane treatment for dogs with pituitary-dependent hypercortisolism

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Objective To evaluate the addition of cabergoline (C) to trilostane (T) in controlling pituitary dependent hypercortisolism (PDH)'s clinical signs and/or blocking growth or even reducing the size of pituitary tumors (PTs).

Materials and Methods Prospective, controlled, multicenter study. 25 dogs with PDH [13 dogs treated with T and C [(TC group, TCg), 12 dogs with only T (T group, Tg) for at least 6] were included. Each dog underwent a pituitary CT scan at the beginning (T0) and the end of the study (T180-T365); pituitary tumor height (PTh) and pituitary/brain ratio (PBr) were calculated from each scan. Each dog was monitored at T30 (days), T60, T120, T180, and T365 with a clinical evaluation [standardized questionnaire (Q)], urine specific gravity, cortisol, and endogenous ACTH measurement.

Results Q scores were significantly higher (P=0.0101) at T30 versus T365 in the Tg. In the Tg the PTh and the PBr were significantly higher at T365 versus T0 (Figure 1 and 2). In the TCg PTh decreases were significantly greater in comparison to Tg (Figure 3).



Conclusions In conclusion, the combination of trilostane and cabergoline treatment does not improve the control of PDH's clinical signs in comparison with trilostane treatment alone. However, cabergoline, potentially, plays a role in controlling the PT growth in PDH dogs.

Future Proposal Future studies will focus on long-term (>1 year) treatment with increased doses of cabergoline.

Period Abroad University of Utrecht (01/10/21-31/03/22): Dopamine and somatostatin receptors and filamin A expression in normal pituitaries and corticotroph adenomas in dogs (1st Poster Abstract Prize of the 32nd ECVIM-CA Congress; 2022).

References
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