Incidence of infertile marriages in various countries is estimated from 8 to 20%, endocrine forms domineering in the structure of the female infertility. Pituitary-ovarian-uterine system is the basic female reproductive function; in endocrine abnormalities it is the one to be the most sensitive and vulnerable. The work was initiated to study structure and peculiarities of clinical forms of endocrine infertility in women with prolactinomas. Materials and methods: we examined 40 patients aged from 19 to 47 (mean age 27.5 years) with hormonally active pituitary formations referred to the Neuroendocrinology Department, Scientific-Research Institute of Endocrinology, Uzbekistan Public Health Ministry, for endocrine infertility. 20 healthy women were included in the control group. The follow-up duration was 3-6-12-24 and 36 months. In all of them levels of LH, FSH, STH, PRL, estradiol, progesterone and testosterone were measured on the 5th, 7th and 21st day of menstrual cycle, clinical ultrasound of the ovaries and the uterus with the folliculometry as well as basal temperature measurements being performed. In addition ophthalmologic status assessment including examination of the eye fundus and vision fields as well as CM/MRI of the hypothalamo-hypophysial area in the dynamics was performed. The findings showed that the women complained of headaches (82.9%), primary (48.8%) and secondary (51.2%) infertility menstrual cycle disorders, such as, oligomenorrhea and opsomenorrhea (34.2%), primary (4.9%) and secondary (17.1%) as well as lactorrhea (48.8%) and vision disturbances (2%). Upon examination the I degree uterine hypoplasia was diagnosed in 7 (17.1%) patients, the one of the II and III degree in 8 (19.5%) women, upon the instrumental examination the most pituitary adenomas in 26 patients (63.4%) being found grown supracellularly, 10(24.4%) and 4 (9.8%) women having infracellular and paracellular growth, respectively. Clinical examination revealed lactorrhea in 19 (46.3%) with the increased blood PRL concentrations patients, 4 of them having secondary amenorrhea (9.8%). Analysis of hormonal changes showed that LH level was from 0.15 to 35.5 (mean 8.86±1.42 mMU/L), the one FSH being from 1.05 to 114.6 (mean 12.01±2.7 mMU/L). Serum concentrations of estradiol varied from 19.3 to 540.2 (mean 95.86±15.02 ng/ml), of progesterone from 0.1 to 3.93 (mean 0.91±0.13 pg/ml), testosterone from 0.07 to 0.959, (mean 0.51±0.04 pg/m). Measurement of basal temperature showed in 78% of the patients the monophase curve, in 14.6% the shortened hyperthermal phase and in 7.3% the two-phase one.

Thus, regardless of their size and hormonal characteristics the prolactinomas can be the cause of infertility in women of the reproductive age, the incidence and character of the reproductive disorders greatly varying. Upon any manifestations of infertility exclusion of the pituitary adenomas should be an indispensable diagnostic moment.