

# Extrapituitary production of anterior pituitary hormones: an overview

S. Harvey · C. Arámburo · E. J. Sanders

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**Abstract** Protein hormones from the anterior pituitary gland have well-established endocrine roles in their peripheral target glands. It is, however, now known that these proteins are also produced within many of their target tissues, in which they act as local autocrine or paracrine factors, with physiological and/or pathophysiological significance. This emerging concept is the focus of this brief review.

**Keywords** Growth hormone · Prolactin · Adrenocorticotropin · Thyrotropin · Luteinizing hormone · Follicle-stimulating hormone

## Introduction

Plasma hormones are typically derived from a single endocrine gland, although the same factors may be expressed more widely. For instance, insulin-like factors (IGFs) in circulation are primarily derived from the liver, although IGFs are produced in most, if not all, tissues [1–3]. Similarly, while plasma ghrelin is largely derived from the gastric mucosa, ghrelin production occurs widely throughout the diffuse endocrine system, including the pituitary, thyroid, pancreas, adrenal, intestine, lung, gonads, and placenta [4]. Plasma insulin is similarly largely

derived from cells in the pancreas, but extrapancreatic insulin expression occurs in the liver, adipose tissue, spleen, bone marrow, thymus, and brain [5].

The ectopic expression of these hormones in “aberrant” locations reflects the fact that all cells have the potential to express every gene present in the genome. While this may sometimes reflect “leaky gene” phenomena, it may reflect the acquisition of autocrine or paracrine physiological roles of some endocrines in physiological or pathophysiological function [6]. The endocrine (whole body) activity of some hormones may similarly be acquired developmentally by factors initially involved in local growth and differentiation [7]. In this brief review, the expression and physiological or pathophysiological roles of anterior pituitary hormones in extra-pituitary tissues is considered. In this review, expression refers to transcription of the gene and not to translation of the named protein.

## Growth hormone

The extrapituitary production of growth hormone (GH) and its functional relevance was the subject of a recent review [8] and will not be detailed here. In addition to the anterior pituitary, GH and GH mRNA are present in the central (CNS) and peripheral (PNS)-nervous systems, in the respiratory system, immune system, gastrointestinal system, reproductive system, cardiovascular system and in integumentary tissues. As the GH receptor (GHR) gene is expressed in all of these sites, extrapituitary GH may have local autocrine or paracrine actions in all of these tissues. Indeed, functional roles for GH within most of these sites have been demonstrated by the local blockade of its production or by local blockade of its receptor-mediated actions. Autocrine actions of GH in carcinogenesis are

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S. Harvey (✉) · E. J. Sanders  
Department of Physiology, University of Alberta,  
Edmonton, AB T6G 2H7, Canada  
e-mail: steve.harvey@ualberta.ca

C. Arámburo  
Departamento de Neurobiología Celular Y Molecular, Instituto de  
Neurobiología, Campus Juriquilla, Universidad Nacional,  
Autónoma de Mexico, Querétaro, Qro 76230, Mexico

particularly well described by the voluminous work from Peter Lobie's group [9–12]. Autocrine or paracrine roles for extrapituitary GH are therefore now well established [8].

## Prolactin

Ben Jonathan was amongst the first to review the widespread presence of prolactin in extrapituitary tissues [13]. These authors suggested the pleiotropic actions of prolactin (including the regulation of mammary development, initiation and maintenance of lactation, immune modulation, osmoregulation and behavioral modulation) reflected its circulating role as an endocrine and local roles as a cytokine. It was classified as a cytokine based upon its shared properties with hematopoietic growth factors, including comparable structural motifs, multiple sites of synthesis, ubiquitous receptor distributions, homologous receptor structures, and similar signal transduction pathways that promote cell growth and cell survival.

Within the immune system, prolactin gene expression in man occurs in lymphocytes in response to cytokines produced by monocyte-macrophage activation [14] and in response to calcitriol, the active form of vitamin D [15]. It is similarly produced in helper T cells and in B cells in the mouse spleen [16]. Within the immune system, prolactin, in turn, has autocrine or paracrine immunoregulatory roles that promote lymphoid tissue development and stimulate cytokine synthesis [17]. In T-lymphocytes, in particular, prolactin release enhances NK cell function and the secretion of IL-2 and IFN gamma [18]. The importance of autocrine prolactin in the activation of T-lymphocytes is further demonstrated by the knockdown of the prolactin receptor gene, which impairs T-lymphocyte proliferation and the production of IL-2 and IL-4 [19]. Enhanced prolactin production in lymphocytes occurs in patients with autoimmune disease [20] and has been causally related to the induction of autoimmunity [21] and cancer [22].

Increased expression of prolactin and its receptor is similarly associated with an increase in tumorigenesis in many tissues, particularly reproductive tissues [22–24]. For instance, prolactin is an established risk factor for breast cancer [24], and it has long been known to be expressed in mammary glands during pregnancy and lactation (in rats [25, 26], mice [27], rabbits [28], sheep and goats [29]) and prolactin is present at high concentrations in milk [13, 30]. Blocking local prolactin signaling has therefore been proposed as a therapeutic approach in the treatment of breast and prostate cancer [31–33]. The prostate, like the mammary gland, is another reproductive tissue in which prolactin as its receptors are expressed [34] and increased expression of prostate prolactin results in hyperplasia

[35, 36] and provides a marker for prostate cancer prognosis and metastasis [31].

Prolactin immunoreactivity (IR) is similarly present in the interstitial tissue of the rodent testis and in Sertoli cells and germ cells [37]. This reflects the expression of the prolactin gene, since prolactin mRNA has been demonstrated in mouse Leydig cells and in germ cells, particularly in spermatogonia [38]. Although the nucleotide sequence of the testicular transcript is the same as that in the pituitary, two forms of prolactin were detected in the testis: one was the 23 kDa moiety similarly found in the pituitary gland and the other was an N-terminal truncated form. The intact, full-length protein was localized in the nucleus of round spermatids, while the truncated protein was localized in the Golgi apparatus of round spermatids and in the cytoplasm of elongated spermatids spermatozoa tails. These prolactin moieties may therefore account for the actions of prolactin in testicular function and spermatogenic development [39, 40].

In females, extrapituitary prolactin gene expression has been demonstrated in decidualized uterine stromal cells during pregnancy [7], in which it is thought to regulate uterine epithelial cell differentiation, trophoblast growth, angiogenesis and the modulation of the immune response [41]. Decidual prolactin additionally inhibits the expression of interleukin 6 (IL-6), a pro-inflammatory cytokine, and the expression of 20  $\alpha$ -hydroxysteroid dehydrogenase (20 $\alpha$ -HSD), an enzyme that promotes inflammation by catabolizing progesterone, thereby maintaining pregnancy [42].

Extrapituitary prolactin is also synthesised and secreted by breast, visceral, and subcutaneous adipose tissue [43, 44], in which the expression and release of adipose prolactin increases during early pre-adipocyte differentiation [45]. The release of prolactin from subcutaneous adipose explants is reduced during obesity, suggesting its production is related to metabolic state [46]. Both the long and short forms of the prolactin receptor are expressed in rodent and human adipose tissue [47–49] and prolactin is involved in adipogenesis, lipolysis, metabolism and the release of adipokines such as leptin, adiponectin and IL-6 [44, 46, 49].

Extrapituitary prolactin is also widely synthesised within cutaneous tissues [50]. Prolactin and/or prolactin mRNA are, for instance, present in skin fibroblasts [51], keratinocytes [52, 53], in dermal endothelial cells [54], in sebaceous glands [55], sweat glands [50] and hair follicles [53]. As prolactin receptors are expressed in these sites [50], prolactin is likely to have autocrine or paracrine actions in cutaneous function.

The presence of prolactin and prolactin mRNA in vascular endothelium is of interest, because of the actions of prolactin moieties in angiogenesis [56, 57]. While all endothelium cells express full-length prolactin mRNA and

synthesize 23 kDa prolactin, umbilical vein and brain capillary cells additionally express a smaller prolactin mRNA and proteins with a molecular mass of ~21, 16, and 14 kDa [49, 53, 54, 58, 59]. These smaller moieties have a reduced capacity to activate classical prolactin receptors and have actions dissimilar to the full-length molecule [58, 59]. The actions of these prolactin moieties on endothelial cells occur in the absence of the classical prolactin receptor, as this is not expressed in rat retinal endothelial cells [59]. Thus, while 23 kDa has no effect on the proliferation of endothelial cells *in vitro* [60] the 16 and 14 kDa moieties exert an autocrine anti-mitogenic effect on endothelial cell proliferation and the 21 kDa protein is pro-mitogenic [52].

Prolactin synthesis also occurs in the brain [13], particularly the hypothalamus [61–63], although prolactin is similarly found in extrahypothalamic limbic brain regions, such as the bed nucleus of stria terminalis, the amygdala and the locus coeruleus [63]. Within the hypothalamus the paraventricular nucleus (PVN) and the supraoptic nucleus (SON) neurons express prolactin mRNA and contain 14 kDa prolactin IR that likely results from proteolysis of 23 kDa prolactin. As the nerve terminals from the PVN and SON neurons are in the neurohypophysis on systemic blood vessels, the presence of 14 kDa prolactin in rat and human serum may be derived from the hypothalamo-neurohypophyseal system [64], although 14 kDa prolactin is synthesised by mammary epithelial and endothelial cells [54, 58, 65].

In addition to prolactin, prolactin receptors are also present throughout the brain and mediate numerous physiological and behavioral actions [63, 66]. However, as pituitary prolactin can enter the brain through a receptor-mediated active transport system in the choroid plexus [67, 68], these CNS target sites may respond to pituitary or brain-derived prolactin.

Outside the brain, prolactin immunoreactivity (IR) has been found within the eye. Prolactin-IR has, for instance, been detected in the cytoplasm of chick embryo retinal ganglion cells, in the choroid and in the endothelial cells of choroid blood vessels [69]. In the rat, 23 and 16 kDa prolactin have been detected in aqueous humor and in corneal homogenates [70]. Prolactin is similarly present in the sub-retinal fluid of patients with premature retinopathy [71], which may originate from newly formed intra-ocular blood vessels, since these actively produce and release full-length prolactin [60] and prolactin mRNA is expressed in the retinal blood vessels (and leukocytes) of humans with retinopathy of prematurity [72] and within fibrovascular tissue within the vitreous compartment [66]. The concentration of prolactin in retinal blood vessels is 300-fold higher than that in other blood vessels [72], suggesting important roles in ocular function, especially as receptors for prolactin have been localized in the retina and cornea,

in which exogenous 16 kDa prolactin has anti-angiogenic activity [70].

The presence of prolactin proteins of different molecular size indicates that its processing may be tissue-specific. The expression of the prolactin gene in many extrapituitary tissues is thought to differ from that in the pituitary gland, although prolactin mRNA identical to that in the pituitary gland has been found in prostate and breast cancer cells [31, 43, 73]. The mRNA for prolactin in lymphocytes and decidual cells is, however, longer than that in the pituitary gland, since prolactin transcription in these tissues is driven by an alternative promoter, which is located 5.8 bp upstream for the pituitary transcription start site, resulting in the transcription of an extra exon, exon 1a [74]. Prolactin mRNA in many extrapituitary tissues is therefore 150 bp larger than that in the pituitary gland [50, 51]. This extra exon could contribute to the expansion of the transcriptional and/or translational “repertoire” of the prolactin gene [74]. The regulation of the alternative promoter differs from that in the pituitary gland, since its activation in extrapituitary tissue is independent of the pituitary specific transcription factor, Pit-1, which is required for prolactin expression in lactotrophs. Other tissue-specific factors also regulate extrapituitary prolactin expression [38]. For instance, while dopamine, thyrotropin-releasing hormone (TRH), vasoactive intestinal peptide (VIP), and estrogen are the classical regulators of pituitary prolactin, they are ineffective regulators of the alternate promoter [13]. The alternate promoter in decidual cells, lymphocytes and adipocytes is, however, stimulated by cAMP and by autocrine or paracrine factors [13, 75, 76]. Decidual prolactin, for example, is stimulated by the feto-placenta unit and the production of progesterone, although this is not due to direct effects of progesterone on the prolactin gene, but to its stimulation of decidual fibroblasts [13]. In contrast, progesterone is ineffective at regulating pituitary prolactin expression [13]. Local proteins that stimulate and inhibit decidual prolactin but have no effect on pituitary prolactin have been reported, although these are not fully identified [13]. Nur 77, a transcription factor, may be one of these proteins as it induces decidual prolactin expression and is, in turn, stimulated by cAMP and progesterone [77].

Extrapituitary prolactin, at least in decidual cells further differs from that in the pituitary gland in that it is not packaged into dense secretory granules and is rapidly released after synthesis [78]. The release of decidual prolactin is thus not affected by increased extracellular calcium concentrations [79], which is unusual for cells that secrete protein hormones [13].

Prior to organogenesis, extrapituitary prolactin or prolactin-like proteins may be involved in early development. For instance, prolactin receptors are expressed in oocytes and preimplantation rodent embryos lacking pituitary

glands [80] and the immunoneutralization of endogenous prolactin from cultured rat embryos significantly suppresses embryonic growth [81], whereas embryonic growth is improved in the presence of exogenous prolactin [81, 82]. These actions may, however, be due to prolactin-like proteins rather than to prolactin itself, as at least 18 distinct prolactin GH-like genes have been identified in rodents [83–86]. A novel prolactin-like protein (PRL-L) with homology to prolactin in chickens, zebrafish, xenopus, rats, and humans is similarly present in chickens and zebrafish [87]. However, unlike the predominant expression of prolactin in the pituitary gland, PRL-L is widely expressed in extrapituitary tissues and only minimally present in the pituitary gland.

### POMC-derived peptides

Pro-opiomelanocortin (POMC) is a gene expressed in the anterior and intermediate lobes of the pituitary gland and in many extrapituitary tissues [88, 89]. Its encoded protein is a 285 amino acid polypeptide that undergoes tissue-specific, post-translational processing to produce  $\lambda$  MSH (melanocyte stimulating hormone), ACTH,  $\beta$ -LPH (lipotropin), MSH, CLIP (corticotropin-like intermediate peptide),  $\lambda$  lipotropin,  $\beta$ -endorphin, and  $\beta$ -MSH. The full length POMC polypeptide is primarily translated into ACTH and  $\beta$ -LPH in pituitary corticotrophs but mainly into  $\alpha$ -MSH in the intermediate lobe. POMC can additionally be cleaved by proteases into other fragments that are not found in the circulation. An adrenal protease, for instance, cleaves  $\alpha$ -MSH into smaller fragments that act as potent mitogens within the adrenal gland [90].

Although  $\alpha$ -MSH is mainly produced in the intermediate lobe of the pituitary gland, it is nevertheless present in birds, which lack an intermediate lobe [91]. In birds,  $\alpha$ -MSH has been found in neural tissue, especially within the eye [91], where it may act as an autocrine or paracrine in ocular development. Indeed,  $\alpha$ -MSH is present in the retinal pigmented epithelium (RPE) of chick embryos from embryonic day 10 of the 21-day incubation period, although melanocortin receptors are found outside the RPE, in the choroid and neural retina [92], and likely mediate cell proliferation and neurite outgrowth [93].

In the brain, Larsson [94] was amongst the first to document the presence of ACTH and closely related peptides, particularly in opoid-containing nerves. Larsson [94] additionally found CLIP (lacking adrenocortical activity) to be present in the pars intermedia of the pituitary gland. The extrapituitary forms of ACTH and  $\beta$ -endorphin in the brain were of larger molecular weight than in the pituitary gland, a finding confirmed by Saito et al. [95] for ACTH-like peptides in the brain [95], as in other tissues (including

the stomach, kidney, colon, small intestine, heart and placenta [96, 97]).

In addition to these tissues, POMC gene expression and protein processing occurs in cells of the immune system, including rat mononuclear leukocytes and macrophages [98]. The presence of corticotrophin and melanocortin receptors in these cells [99] supports the possibility that they may have local or autocrine or paracrine roles in immune regulation.  $\alpha$ -MSH has similarly been found in the chicken thymus and bursa of Fabricius, together with other POMC-derived peptides [100].

Skin is the principle target site of MSH action, but melanocortins and other POMC-derived peptides also have biological activity [101]. These peptides are produced by keratinocytes, melanocytes, dermal microvascular epithelial cells and hair follicles [102, 103]. As receptors for all of these peptides are also present within skin [104], they are likely autocrine or paracrine regulators of dermal function, including vascular, immune and pigmentary actions, the cutaneous stress response and the growth or loss of hair [105]. The local production of POMC-derived peptides in skin has also been demonstrated in melanoma, in which their autocrine or paracrine actions have been implicated with cancer progression [106]. Another pathophysiological consequence of extrapituitary POMC production is Cushing's syndrome, as ectopic ACTH production is an established cause of this disease [107].

### Thyroid-stimulating hormone (TSH)

There are a number of established extrapituitary sites of TSH expression. These are first apparent in several tissues during early embryonic chick development at embryonic day 7 (ED7), before the functional differentiation of the pituitary thyrotropes [108]. Sites of early expression during development include: brain, otic vesicle, crop, liver, and the respiratory system. This embryonic extrapituitary expression appears to be dependent on the Pit-1 transcription factor, as it is in the pituitary gland [109]. Like several other hormones [6, 69], TSH is found in the developing chick retina, commencing at approximately ED7 [110, 111]. This retinal TSH is found in the synaptic processes of retinal ganglion cells, where it is hypothesized to act as a neuromodulator involved in the control of synaptic transmission or local blood flow. TSH also increases cyclic AMP accumulation in retinal pigmented epithelial cells [112].

Other regions of the brain reported to show TSH immunoreactivity include cells of the mammalian hypothalamus [113], from where it may be released from a membrane-bound compartment, at least in vitro, by electrical stimulation of the tissue [114]. Interestingly, this

hypothalamic TSH appears to be regulated by the levels of thyroxine (T4), which increase hypothalamic TSH immunoreactivity, but not by tri-iodothyronine (T3). This regulation by T4 is, however, dependent on local deiodination of T4 to T3, and indicates that hypothalamic TSH immunoreactivity is regulated independently of pituitary and serum TSH [115]. Developmentally, rat brain TSH may be detected before pituitary TSH, and it undergoes a transient increase in concentration prior to birth, independent of pituitary TSH levels, again indicating that brain and pituitary TSH represent two distinct pools [116].

The immune system is another a rich source of extrapituitary TSH [117, 118]. Elements of the immune system implicated in TSH synthesis and secretion include splenic dendritic cells [119], intestinal T cells [120, 121], bone marrow hematopoietic cells [122], and T cell lines [123], implying that TSH may act as an immune system cytokine. The best characterized such system is the intestinal immune system [118], where TSH synthesis is localized epithelial cells in the subvillus crypts. Within these crypts, T-cell differentiation and TSH synthesis occurs in response to viral infection [124], suggesting the presence of a local paracrine TSH network.

Immune TSH, like pituitary TSH, may also have thyroid activity, as bone marrow transplantation disrupts thyroid function [118], indicating that there is a bone marrow-thyroid TSH network which contributes to the control of thyroid function. This is supported experimentally by the demonstration that bone marrow cells are able to migrate to the thyroid gland, where they express TSH transcripts and secrete TSH [125, 126]. Within the thyroid, bone marrow cells additionally produce a TSH splice variant [127, 128], which likely has paracrine actions on T3 and T4 secretion [125, 126]. The expression of this variant, but not the native form of TSH  $\beta$ , is significantly upregulated in the thyroid during systemic infections. This variant which includes a 27 nucleotide portion of intron 2 and all of axon 3, coding for 71.2% of the native human TSH  $\beta$  polypeptide [128] is also present in the pituitary gland. Extrapituitary TSH could therefore be responsible for thyroid autoimmunity triggered by viral infection and may indicate that the immune system participates in the regulation of basal metabolism.

Extrapituitary TSH is also thought to be a local growth factor in the human epidermis, in which TSH mRNA and protein are expressed intradermally in the scalp and the TSH receptor is present in the adjacent dermis [129]. The expression of TSH in the skin is increased by TRH and reduced by thyroid hormones. Actions of TSH in the skin include an upregulation of the genes for involucrin, loricrin and veratins 5 and 14. It also stimulates mitochondrial proliferation and biogenesis in the perinuclear region of human skin epidermal keratinocytes and upregulates

mitochondrial biogenesis in this non-classical target site [130].

### Luteinizing hormone (LH)

In the chick embryo, luteinizing hormone (LH) is found in the epithelial cells of the developing lung and stomach as early as ED3 of the 21-day incubation period, indicating a potential paracrine role for LH in early embryogenesis [131]. There are also indications that LH and LH receptors [132] are present in the developing retina [69], suggesting possible roles in early retinal development or maintenance. Transcripts for LH receptors additionally occur in oocytes and pre-implantation embryos, suggesting further paracrine roles for LH in embryogenesis [133]. A role for extrapituitary LH in embryogenesis is similarly indicated in zebra fish embryos, in which antisense morpholino oligonucleotides suppress LH gene expression and embryo development [134].

Like TSH, LH is also found in the fetal rat brain and persists in the adult rat and human [116, 135], in the hypothalamus [136] and pineal gland [137]. Indeed, the presence of LH in the brain cortex, hypothalamus, hippocampus, medulla oblongata as well as its presence in the heart, liver, and pancreas is thought to explain the continued presence of LH in the circulation of hypophysectomized rats [138]. LH is produced in differentiated embryonic rat cortical neurons and neuroblastoma cells and is increased in response to GnRH treatment [139]. This was thought to account for the accumulation of LH in the pyramidal neurons of aged human and rat brains following post-reproductive surges in GnRH secretion. Expression of LH receptors in cultured neonatal rat brain glial cells may indicate local paracrine actions [140]. The presence of LH receptors in the hippocampus [141], suggest that LH may stimulate this region of the brain and possibly influence hippocampal synaptic function. It appears that cells producing LH $\beta$  subunit protein, and transcripts, may have developmental origins in the brain as well as in the pituitary gland, and may act as a neuromodulator of reproductive behavior [142, 143].

Other extrapituitary locations of LH include lymphocytes [144], where it may act as a cytokine-like determinant of T-cell proliferation [145]. It is also present in the gonads [146] and placenta [147] and in lung carcinoma [148, 149], where the significance, if any, is unclear.

### Follicle-stimulating hormone (FSH)

There is a scarcity of reports on the occurrence of extrapituitary follicle-stimulating hormone (FSH), however, FSH



**Table 1** Extrapituitary production of anterior pituitary hormone

	GH	PRL	POMC-derived peptides	TSH	LH	FSH
Brain	+	+	+	+	+	+
Retina	+	+	+	+	+	
Immune cells	+	+	+	+	+	+
Gut	+		+	+	+	+
Mammary glands	+	+				
Placenta	+		+		+	
Ovary	+	+			+	
Uterus	+	+				+
Testis	+	+			+	+
Adipose		+				
Skin	+	+	+	+		
Lung	+				+	
Pancreas	+				+	+
Embryo	+	+		+	+	
Cancer	+	+	+		+	

+ As indicated by the presence of mRNA or immunoreactive protein

protein and its transcripts have been shown to be present in the brain [142], particularly the preoptic area [143], the hypothalamus [150] and the hippocampus [151]. Although brain receptors for FSH were previously thought to be absent [141], they have now been reported to be present in the hippocampus [151], suggesting functional significance. Indeed, as hippocampal neurons are extrapituitary sites of FSH expression [150], FSH is likely to have local autocrine or paracrine roles. Immunoreactive FSH is additionally present in human Sertoli cells and in rounded germinal cells, both of which express FSH receptor transcripts [152], suggesting autocrine or paracrine roles in testicular function that may complement its endocrine actions. Autocrine or paracrine actions of FSH are similarly indicated in the rat pancreas, in which FSH and its receptors are co-localized in islet cells, in which FSH regulates the secretion of insulin and glucagon [153]. The expression of FSH in the pancreas occurs in response to the activation of GnRH receptors that are co-localized with FSH in islet cells. Transcripts for FSH receptors also occur during early human and mouse development (embryos at the 2 cell, morula and blastocyst stages, [133, 154] indicating possible early paracrine activity for this hormone.

Like LH, FSH has also been reported in stomach [155] placenta [147] and immune system [156], with uncertain significance. The presence of FSH in human prostate [157, 158] and breast [159] tissue has been linked to possible roles in malignant transformation. The presence of receptors in uterine tubal epithelium [160], and the cervix [161, 162] further suggests actions of FSH unrelated to gonadal activity.

## Conclusion

Somatotrophs, lactotrophs, corticotrophs, thyrotrophs and gonadotrophs in the pituitary gland are primarily responsible for the production of GH, prolactin, ACTH, TSH, LH and FSH and their presence in the circulation, but all of these hormones are also produced in many extrapituitary tissues (Table 1). The extrapituitary production of these hormones is mostly at concentrations too low to induce the endocrine activities of the pituitary hormones, although hypophysectomized rats retain 10–50% of their biologically active prolactin concentrations, [163, 164] which may compensate for the lack of pituitary prolactin. Extrapituitary sources may similarly account for the persistence of measurable amounts of GH [165–167], TSH [168], LH [169], FSH [170], and ACTH [165, 166, 171] in systemic plasma after hypophysectomy. Indeed, hypersecretory disease states can result from the overproduction of pituitary hormones in extrapituitary tissues, as demonstrated by the induction of acromegaly by mammary GH in progesterone treated dogs [172, 173]. Progesterone induced mammary GH secretion similarly restores growth in dogs with pituitary dwarfism [174]. Hypersecretion of immune TSH during viral infections could similarly result in hypo- or hyperthyroid states, as hypothesized by Schaefer and Klein [126]. The tumorous production of ACTH can similarly result in adrenal overactivity and Cushing's disease [175] and the tumorous production of LH can result in excess testosterone production and a hypogonadal state [176].

In addition to possible endocrine roles, the extrapituitary production of pituitary hormones is likely to have local non-endocrine (autocrine or paracrine) roles that may be of physiological or pathophysiological significance. Indeed, as most of the pituitary hormones are present in early development prior to the ontogenetic appearance of the pituitary gland, it is likely that they act as growth or differentiation factors [6] before they assume their classical endocrine roles.

In many cases, the widespread distribution of these extrapituitary hormones is in tissues that are target sites for the pituitary hormones. This is particularly evident for neural and immune tissues, which regulate these hormones in the pituitary gland and are target sites of the pituitary hormones. The extrapituitary production of these hormones in the “neuro-immune axis” may therefore provide a mechanism for rapid and discrete actions that complement those under strategic control by their pituitary counterparts [99, 177–179]. In some cases, the extrapituitary production of pituitary hormones could, alternatively, be the cause or consequence of abnormal (tumorous) development. The local expression of GH is, for instance, particularly associated with cancer progression [9–12], but it is of note that aberrant gene expression occurs in cancer and that most of the pituitary hormones are present in tumorous tissue. The extrapituitary production of pituitary hormones may thus have physiological or pathophysiological relevance.

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