

An Uncommon Disease

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A 51-year-old male presents for a routine checkup. His family doctor notices the patient has peculiar physical features. Endocrine opinion is sought. The patient is found to be completely asymptomatic, except for his complaints of chronic arthritis.

His exam shows:

- prognathism,
- normal visual fields by confrontation,
- no thyromegaly,
- normal cardiovascular exam,
- normal chest and abdomen survey,
- mild bilateral gynecomastia and
- spade-like hands and large feet (size 13).

Labs and a magnetic resonance imaging of the pituitary adenoma are obtained (Figures 1 and 2).

What is your diagnosis?

This is a case of acromegaly due to adenoma of of pituitary gland. Most of the tumours are benign, but they may cause over-production of hormones. Acromegaly is a rare, but serious disorder with peculiar physical and biochemical features associated with excess growth hormone secretion (Table 1).

Further work-up involves ruling out

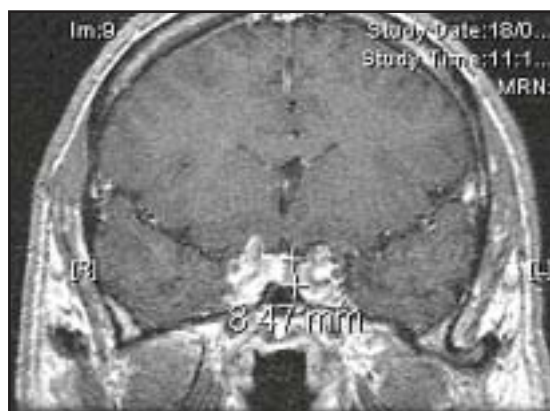


Figure 1. Magnetic resonance imaging of the pituitary adenoma.



Figure 2. Magnetic resonance imaging of the pituitary adenoma.

concomitant hormone deficiencies or over-secretion, in addition to other complications (diabetes mellitus, hypertension, sleep apnea, arthritis, *etc.*).

A growth hormone suppression test is done to further confirm the diagnosis before sending the patient for a hypophysectomy.

Second-line treatment is medical and can include:

- octreotide,
- cabergoline,
- bromocriptine or
- pegvisomant.

Stereotactic radiosurgery may be considered in those who fail the above-mentioned therapies.

Table 1

Features of acromegaly

- Coarse, oily, thickened skin
- Excessive sweating
- Fatigue and muscle weakness
- Sleep apnea
- Headaches
- Enlarged tongue
- Arthritis
- Acral and soft tissue growth
- Menstrual cycle irregularities in women
- Erectile dysfunction in men
- Enlarged liver, heart, kidneys, spleen and other organs
- Hypertension
- Propensity to colonic tumours
- Mass effects due to pituitary macroadenoma (tumours > 1 cm)

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