Case in Point is a series of interesting cases and diagnoses, so general practitioners can sharpen their skills. Submissions and feedback can be sent to ***diagnosis@sta.ca****.*

New!

Case in Point

Common Signs, Uncommon Disease

By M. Usman Chaudhry, MD

A 37-year-old man sought endocrine opinion after a pituitary macroadenoma was incidentally discovered on magnetic resonance imaging after a motor vehicle accident. Over the years, he had mild headaches and enlargement of both hands requiring bigger ring sizes. He had undergone bilateral carpal tunnel surgeries. His sister reported coarsening of his facial features and a progressively prominent nose. Exam revealed his height is five foot five. He had no signs of hypoandrogenism, gynecomastia, or visual field deficits by confrontation. He had rather enlarged spade-like hands, coarse facial features, frontal bossing and prognathism (Figures 1 and 2).

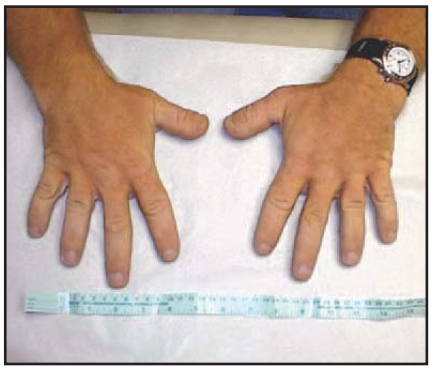

Figure 1.

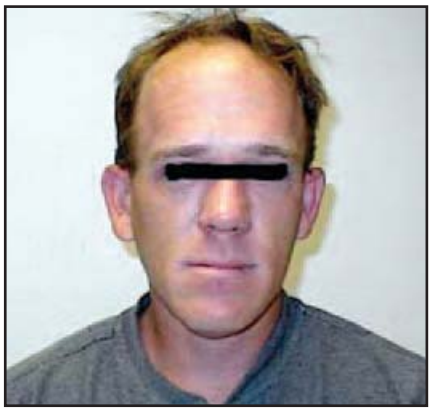

Figure 2.

Table 1
Clinical Features of Acromegaly

- Insidious acral and soft tissue overgrowth.
- Arthropathies.
- Hyperhidrosis.
- Glucose intolerance.
- Headaches.
- Hypertension.
- Sleep apnea.
- Propensity to colonic lesions.
- Mass effects due to pituitary macroadenoma (pituitary adenoma larger than 1 cm).

What happened?

Acromegaly is a rare, but serious disorder with peculiar physical and biochemical features associated with excess growth hormone secretion (Table 1). Elevated insulin like growth factor-1, and failure of growth hormone to be suppressed below 2 ng/ml (or 2 ug/L) following standard oral glucose load, confirms the diagnosis. Transsphenoidal surgery is the treatment of choice, followed by medical treatment (octreotide therapy) for those not cured with surgery. Dx

Dr. Chaudhry is staff, department of medicine, Dalhousie University, and staff endocrinologist and internist, department of internal medicine, Moncton Hospital, Moncton, New Brunswick.

Suggested Reading
1. Melmed S, Jackson I, Kleinberg D, et al: Current Treatment Guidelines for Acromegaly. Journal of Clinical Endocrinology & Metabolism 1998; 83(8):2646-52.