Fo.Ri.SIE Onlus

FoRiSIE Winter School in Clinical Endocrinology

7-11 gennaio 2019 - Roma

La terapia della ipersecrezione ipofisaria: acromegalia

CASE REPORT 2

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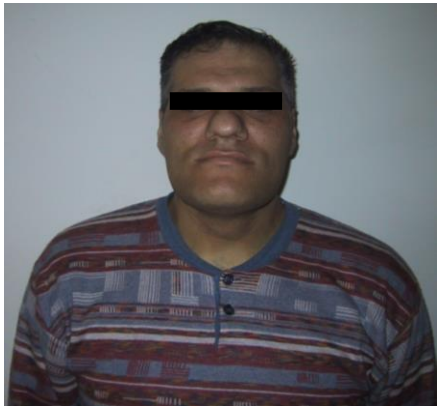
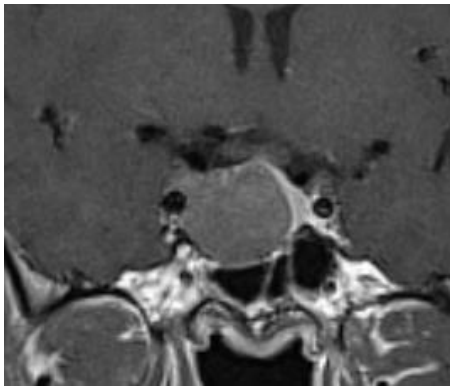
Case report: Clinical presentation and Diagnosis

Man, 35 yrs Since 8 yrs:

- Acral and facial overgrowth
- Mandibular prognathism
- Hyperhidrosis
- Headaches
- Paresthesia
- Fatigue
- Osteoarthritis



LABORATORY TEST:
GH= 10.6 ng/ml (<2.5)
GH nadir= 8.97 ng/ml (<1.0)
IGF-I= 1205 ng/ml (115-305)
PRL= 6 ng/ml
T= 4.5 ng/ml
TSH= 1.1 µU/ml
FT4=1.2 ng/ml
HbA1c= 6.7%



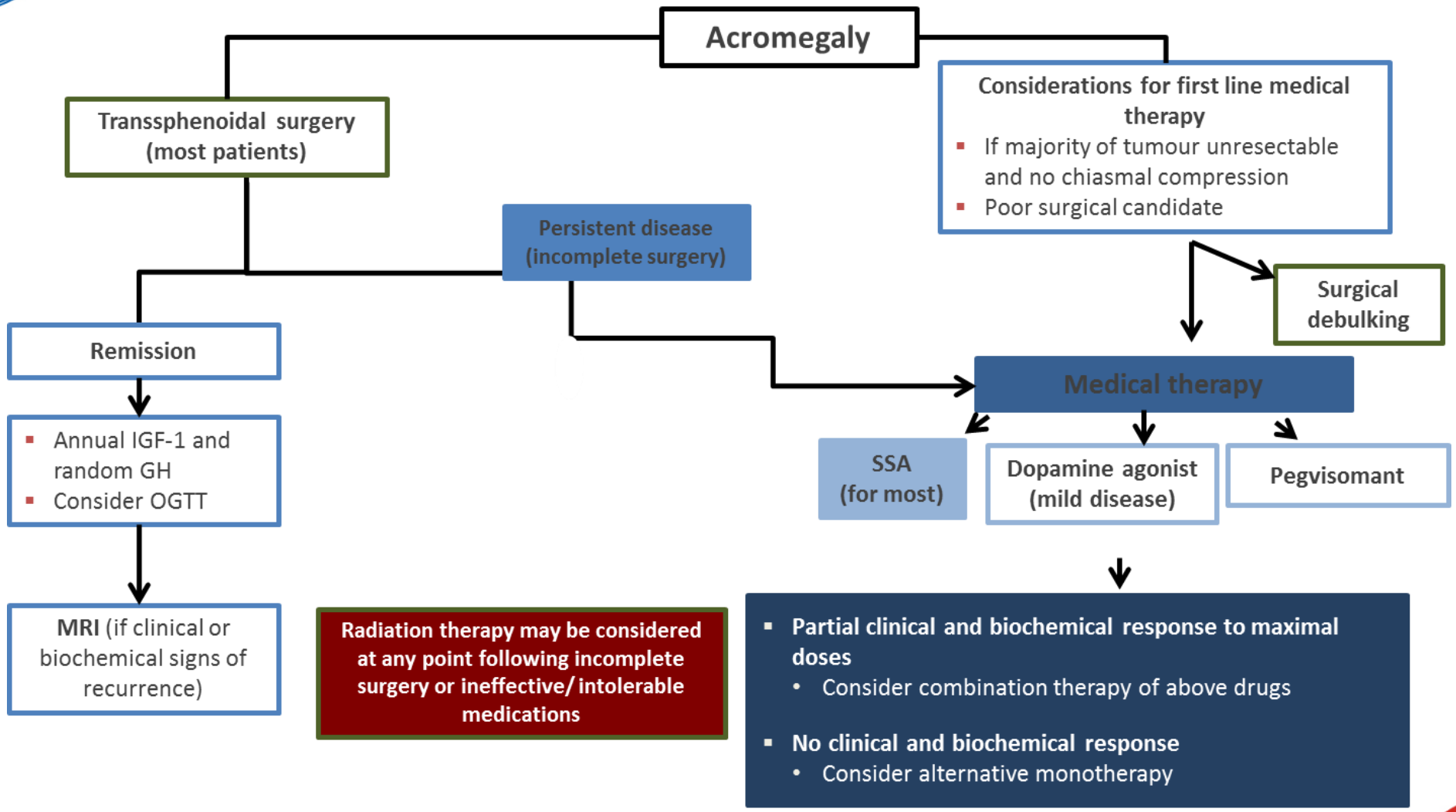
MRI: Invasive pituitary macroadenoma (26x22 mm)

VISUAL FIELD: Bitemporal hemianopsia

Decision 1: Which is the most appropriate first-line therapy and why?

1. Pituitary Surgery
2. Pituitary Radiotherapy
3. Preoperative somatostatin analogs
4. Dopamine agonists

AACE Guidelines



Katznelson L *et al. J Clin Endocrinol Metab* 2014;99:3933–3951

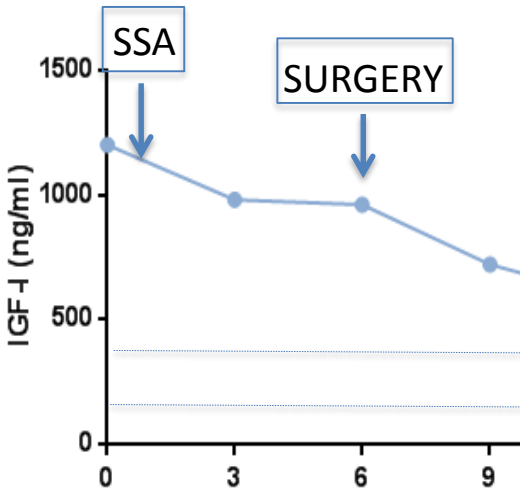
First-line treatment

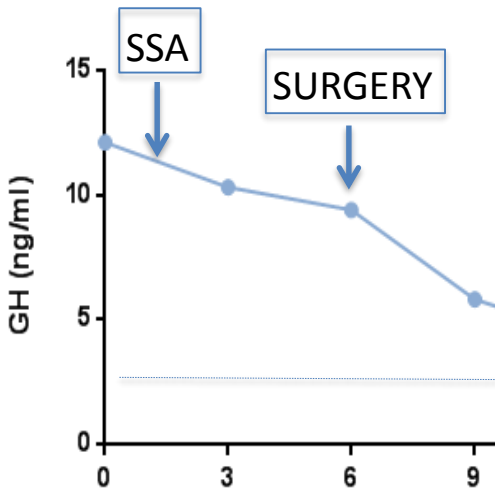
6-month preoperative Octreotide LAR 30 mg/28 days

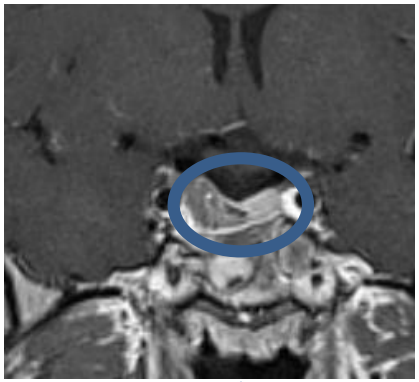
Improvement of sign and symptoms; tumor shrinkage (18x14 mm)

Second-line treatment

Neurosurgery: transsphenoidal adenomectomy







Post-surgery MRI: 10x11 mm adenoma

Decision 2: What tertiary therapeutic option would you choose and why?

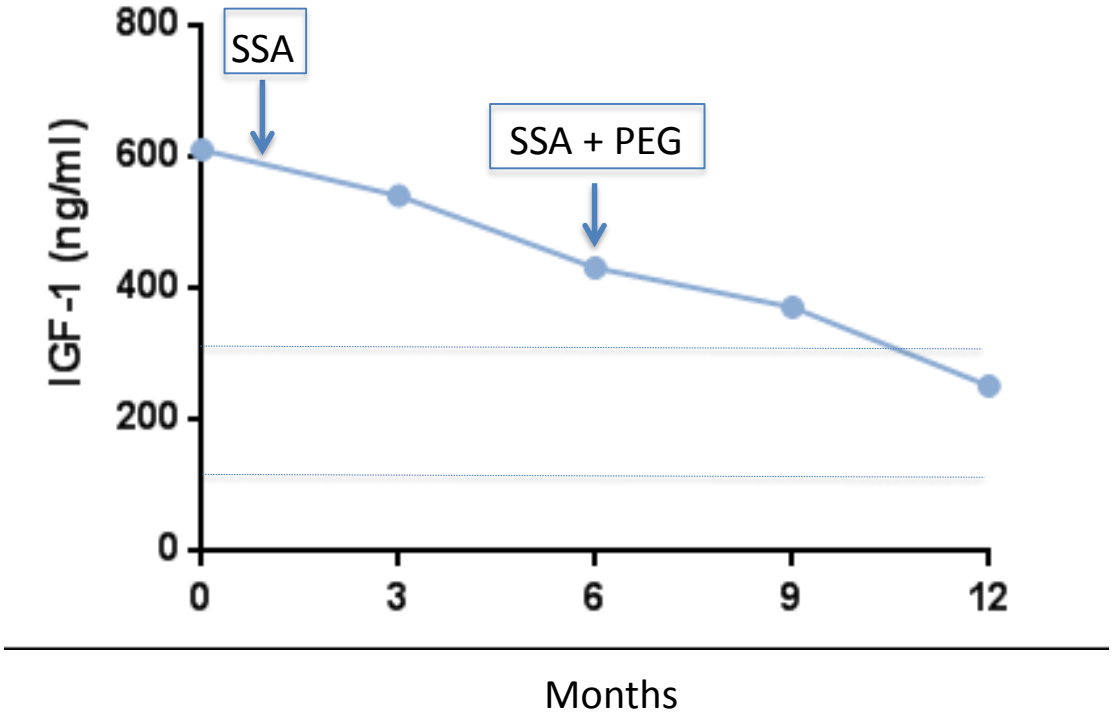
1. Repeat Surgery
2. Radiotherapy
3. Somatostatin analogs
4. Pegvisomant

Third-line treatment

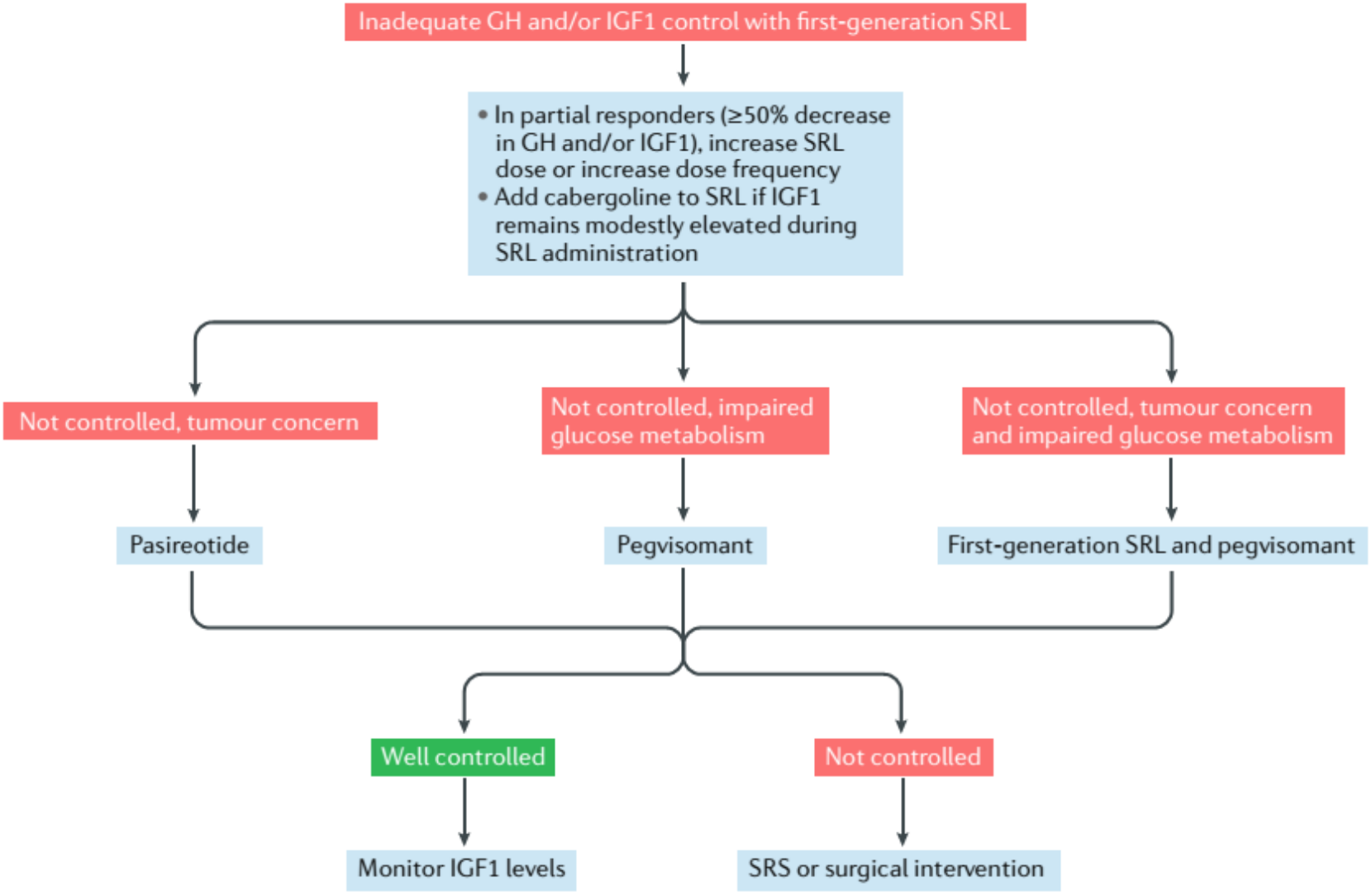
6-month post-operative Octreotide LAR 30 mg/28 days

Fourth-line treatment

Combined treatment Octreotide LAR 30 mg/28 days + Pegvisomant 15 mg/day



ALGORITHM FOR ACROMEGALY MEDICAL TREATMENT

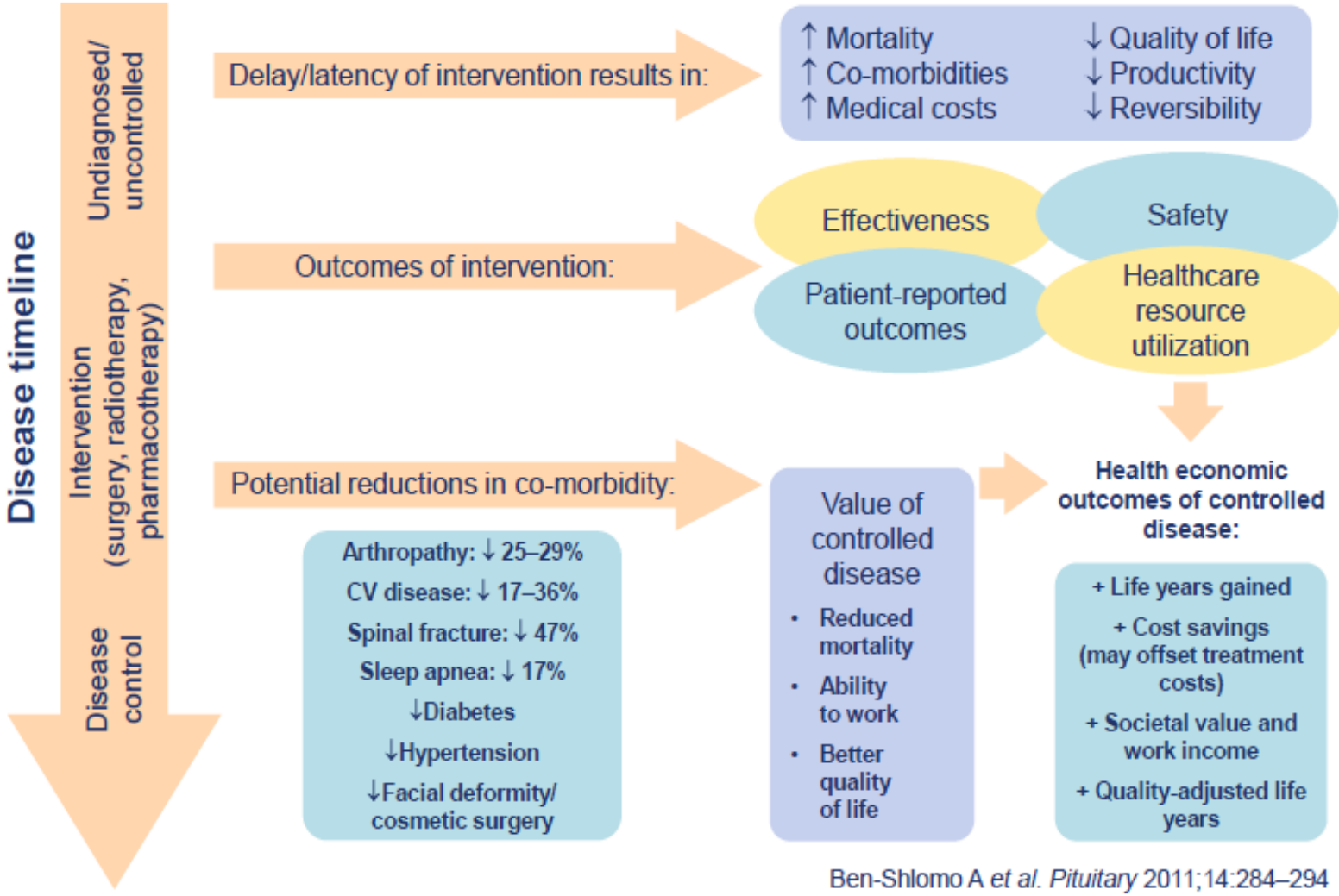


Melmed et al., Nat Rev Endo, 2018

Question 3: Which are the advantages of an effective therapy in acromegaly?

1. Reduced mortality
2. Better quality of life
3. Reduced comorbidities
4. All the options

Conceptual model of the value of disease control in acromegaly



Ben-Shlomo A *et al. Pituitary* 2011;14:284–294