

## **Society for Endocrinology, Clinical Update 2007**

### **Disorders of the hypothalamus and pituitary**

#### **A rare cause of goitre. Dr E.G. Wilmot, Dr S.A. Olczak. Pilgrim Hospital, Boston, Lincolnshire.**

##### **Introduction:**

Acromegaly is rare with only 3 cases per 1 million persons per year. As this case demonstrates, it can present in a variety of ways with a typical delay in diagnosis of 7-10 years from the initial onset of symptoms.

##### **Case report:**

A 46 year old female presented with increasing goitre size. Thyroid function was normal. During her admission for thyroidectomy, it was noted that she had large hands. She also complained of recurrent headaches and sweating. Insulin-like growth factor-1 (IgF-1) and growth hormone (GH) levels were suggestive of a diagnosis of acromegaly (IgF-1 118, GH 90 ug/L). A glucose tolerance test confirmed the diagnosis with both basal and 2 hour growth hormone levels >96 ug/l. Her other anterior pituitary hormones were normal. MRI of her pituitary showed a 2.3 x 1.8 x 1.7cm adenoma abutting the optic chiasm. Visual field testing was normal. Interestingly, 9 years ago she had bilateral carpal tunnel decompression and more recently she had been diagnosed with obstructive sleep apnoea. The patient has been referred for a transphenoidal hypophysectomy.

##### **Conclusion:**

Acromegaly is a rare cause of goitre formation. The diagnosis should be considered if additional features are present.