Acromegaly Outcome

The clinical complications involving soft tissue and skeletal changes, cardiomyopathy, colon Ca, respiratory, and metabolic systems lead to elevated morbidity in acromegaly.

Control of serum growth hormone GH and insulin like growth factor (IGF) 1 hypersecretion by surgery or pharmacotherapy can decrease morbidity [1)].

Medical therapy for acromegaly may lead to decreased symptoms of sleep apnea [2)].

Outcomes of transsphenoidal surgery for acromegaly by experienced pituitary surgeons do not differ between endoscopic and microscopic techniques. Regardless of the mode of resection, patients with high preoperative GH levels and Knosp classification scores are less likely to achieve remission. An immediate postoperative GH level of less than 1.15 ng/mL provides the best immediate predictor of remission, but long-term outcomes are indicated [3)].

Even if treated, acromegaly has a considerable impact on patient quality of life (QoL); despite this, the exact clinical determinants of QoL in acromegaly are unknown. A study retrospectively examines a cohort of treated patients with acromegaly, with the aim of identifying these determinants.

Diagnostic delay and lack of diagnostic acumen in medical care provision are strong predictors of poor QoL in patients with acromegaly. Other identified parameters are radiotherapy, age, BMI and employment status. An efficient acromegaly service should address these aspects when devising disease management plans [4)].

1)
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2)
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3)
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4)
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