MULTIMODAL MANAGEMENT OF GROWTH HORMONE-SECRETING PITUITARY ADENOMAS - THE EXPERIENCE OF THE ENDOCRINOLOGY DEPARTMENT TÂRGU-MUREŞ, ROMANIA, IN THE LAST DECADE

Szántó Zs[1,2], Tankó Zs[2], Năsălean A[2], Balázs J[2], Gliga C[2,3], Paşcanu I[1,2], Kun IZ[4]

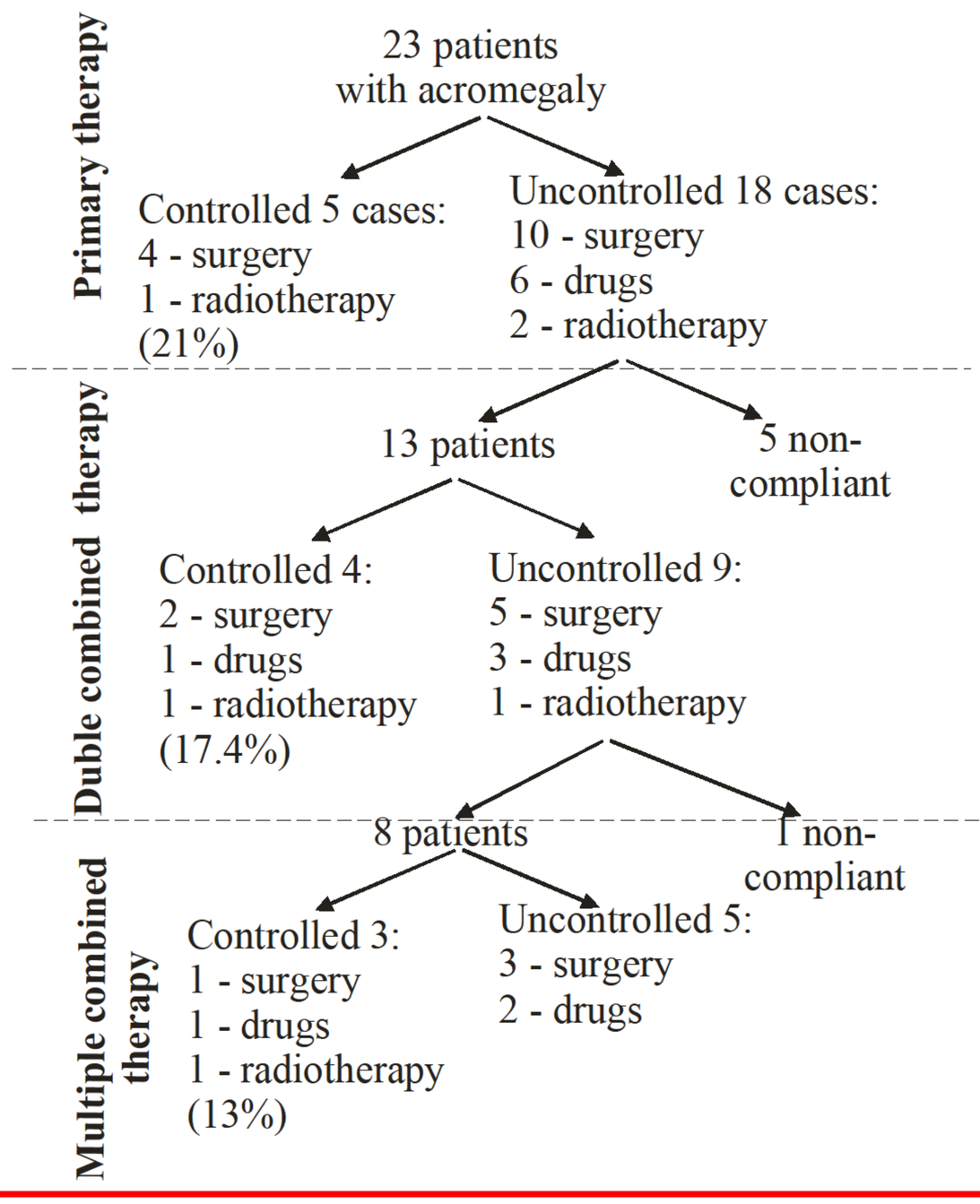
1. Department of Endocrinology, University of Medicine and Pharmacy Târgu-Mureş,Romania;
2. Department of Endocrinology, Clinical Hospital Mureş County, Târgu-Mureş,Romania;
3. Department of Histology, University of Medicine and Pharmacy, Târgu-Mureş,Romania;
4. Doctoral School, University of Medicine and Pharmacy, Târgu-Mureş,Romania

INTRODUCTION, OBJECTIVES

Introduction. The diagnostical and therapeutical management of growth hormone(GH)-secreting pituitary adenomas has been modified in many aspects in the last decade, and the guidelines also have been considerably changed.
Objective: to evaluate the management of acromegaly applied in an endocrinological clinical unit from Romania, and the efficiency of different therapeutical schemes.

MATERIAL AND METHODS

23 patients with acromegaly, treated and followed-up were included in this study.
The positive diagnosis of GH-secreting pituitary adenoma was based on the elevated age-related IGF-1-level, suppressed GH-value >1ng/mL during oral glucose tolerance test and conclusive hypothalamo-pituitary MRI.
The applied different therapeutical schemes (surgery, drugs, radiotherapy and combination), and the efficacy of these – assessed by periodic control of IGF-1-level, suppressed GH-value and MRI – were evaluated.



RESULTS

78.3% of the patients had GH-secreting adenoma, the other 21.7% mixed, GH/PRL-secreting form.
At diagnosis the mean suppressed GH-level was 23.2+/-6.8ng/mL, mean IGF-1-value 784.5+/-139.4ng/mL, mean adenoma size 17.7+/-2.8mm.
First line therapy was neurosurgery in 14 cases, medical treatment (somatostatine-analogue+/-dopamine-agonist) in six and conventional radiotherapy in three patients, out of which in five cases (**21.7%,** four after surgery, one after radiotherapy) a good control was achieved.
The uncontrolled cases received a **second therapeutical procedure**, and from them other four cases (**17.4%**, two reinterventions, one after drug administration and one after radiotherapy) reached a good control.
Finally, at eight patients **combined multiple therapeutical management** (surgery+drug+/-radiotherapy) was applied, and other three cases (**13%**) been brought under control.
During long-term follow-up six patients become non-compliant, and they did not return to reevaluations.

CONCLUSIONS

From all the 23 subjects in **52.1% an optimal therapeutic control** was achieved with all the applied treatment schemes. Acromegaly could be controlled by monotherapy, mainly neurosurgery in 21.7%, by double treatment scheme in an other 17.4% and by multiple therapeutical combinations in 13% of the cases.

17 ECE 794--EP
Pituitary clinical
Zsuzsanna Szanto
DOI: 10.3252/pso.eu.17ece.2015
Poster presented at: ECE2015 16-20 May 2015 DUBLIN, IRELAND 17th EUROPEAN CONGRESS OF ENDOCRINOLOGY