Acromegaly is an insidious complex condition which often requires multiple treatment modalities. The aim of the study was to compare surgical, medical and radiotherapy treatment in terms of biochemical control and complication rates for acromegalic patients.

**INTRODUCTION & OBJECTIVES**

- Acromegaly is an insidious complex condition which often requires multiple treatment modalities.
- The aim was to compare surgical, medical and radiotherapy treatment in terms of biochemical control and complication rates for acromegalic patients.

**Biochemical control definition:**
- Mean random GH <2ug/l or
- Nadir GH post OGTT <1ug/l &
- Normal IGF-1 for age & gender.

**RESULTS**

**Diagnosis and management**

- Commonest features: acral (97.5%) & sweating (65%)
- MRI imaging: microadenomas (17.5%), intrasellar macr0s (27.5%), extranasellar macroadenomas (52.5%) & no adenoma (2.5%)
- 45% (n=18) had >1 treatment type

**Surgery**

- 37 patients, total 49 surgeries performed by 6 pituitary surgeons.
- Minor post-op complications: 22.4% inc CSF leaks + diabetes insipidus
- Post-op residual adenoma: micro (0%), intrasellar macr0s (67.7%), extranasellar macroadenomas (79.9%)

**Medical**

- 22 patients (pts) had medical treatment
- 36.4% (n=8) achieved biochemical control
- Mean time to achieve full control (months):
  - Somatuline Autogel (4)
  - Cabergoline (6.4)
  - Otracetide (9)

**Side effects:**
- 18.2% had gallstones on Somatostatin Analogues
- 13.6% had diarrhoea across all medications

**DISCUSSION**

- **Limitations:**
  1. Data omission from patients’ notes inc. symptoms.
  2. Inconsistent post-op GH testing.
  3. Different GH targets used:
     - BSUH (2010) audit: Mean/ random GH <2ug/L or post OGTT nadir GH <1ug/L

**Surgical**

- Similar to previous studies on full biochemical control outcomes:
  1. BSUH (2010): Extranasellar (30%), Intrasellar (50%) & micros (10%) (1–3).
  2. Lampropoulos et al (2013): Extranasellar (41.5%), Intrasellar (74.2%) + micros (75.3%) (4).

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