

# High ketones due to excess growth hormone.

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## Case study:

29 year-old man in previous good health. Presented to the A&E with DKA. his HbA1c was 108 mmol/mmol. He was admitted and given standard treatment for DKA with IV fluids and insulin. He denied previous history of DM.

Examination showed textbook features of acromegaly. His hormonal profile confirmed the diagnosis of acromegaly (including glucose tolerance test).

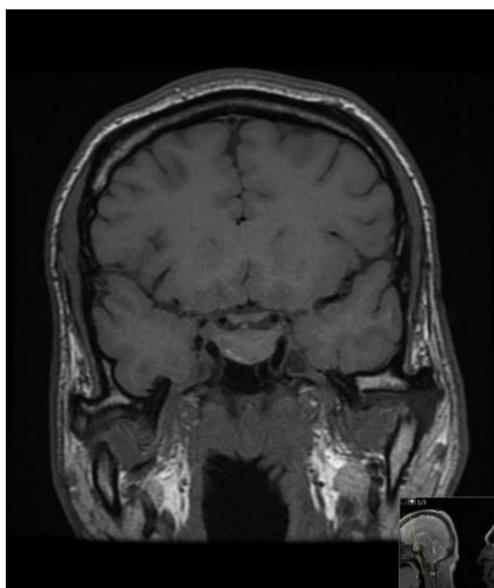
At this stage a cranial magnetic resonance imaging study (MRI) with contrast was requested. The MRI showed large sellar mass lesion likely to represent a pituitary adenoma (15x20x21mm ) with no displacement of the of the optic chiasma.

However, since discharge his blood glucose has been well controlled with recurrent hypoglycemia. Insulin was gradually reduced and stopped over next few weeks. He managed the diabetes on diet alone with home monitoring ranged from 5-9 mmol/L. in the clinic few weeks later he denied any symptoms of headache, visual disturbance, change in the size of ring, gloves or shoes, sweating, weight gain or arthralgia, in addition to that he was off any insulin or hypoglycaemic agents. His repeat anterior pituitary hormonal profile showed normal hormonal profile. His MRI head was repeated and surprisingly showed significant decrease in the size of the pituitary macroadenoma (now measures 6x12x19mm)..

## DISCUSSION:

Spontaneous resolution of pituitary adenoma was described before in the English literatures. The resolution was related to the presence of many factors including the use of anticoagulant, severe dehydration, apoplexy or dramatic response to somatostatin analogous. We present a case of spontaneously vanishing pituitary adenoma resulting in resolution of both acromegaly and diabetes mellitus.

(A)  
initial  
MRI



(B)  
second MRI

