

## 5. CLINICAL MANIFESTATIONS AND COMPLICATIONS OF ACROMEGALY



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**Introduction.** Acromegaly is a rare disease that requires a specific approach in evaluating clinical symptoms and complications.

**Aim of study.** Evaluation of clinical manifestations, onset and complications of acromegaly for management tactics.

**Methods and materials.** Retrospective study based on medical charts of acromegaly patients hospitalized during the period 2018-2023 at the "Endocrinology" department, IMSP Republican Clinical Hospital "Timofei Mosneaga".

**Results.** The study included 28 patients: 20 women (71.4%) and 8 men (28.6%). Primary complaints included: facial changes (28.5%), headaches (25%), increased shoe size (21.4%), enlargement of extremities (17.8%), amenorrhea and galactorrhea (7.1%). The appearance of the first symptoms across all patients was on average at the age of 39.6 years, including 46.3 years in women and 25.5 years for men. The onset of acromegaly was due to the pituitary adenoma in all cases, of which: macroadenoma (60.7%), microadenoma (14.3%), unspecified (25%). Later, the most frequent symptoms detected during the disease were: headache (64.3%), visual disturbances (60.7%), facies acromegalis (57.1%), leg enlargement (53.6%), arthralgias (50%), increased shoe size (42.9%), hand enlargement (42.9%), weakness (39.3%), nose enlargement (35.7%), prognathism (28.6%), macroglossia (25%), pain in the spine (25%), xerostomia (21.4%), emotional lability (21.4%), vertigo (21.4%), prominent zygomatic/supraorbital arches (21.4%), hypertrophied tongue (17.9%), edema (17.9%), myalgia (17.9%), sleep disorders (17.9%), nocturnal snoring (17.9%). The detected complications were: cardiomyopathy (67.9%); arterial hypertension (57.1%); diseases of the thyroid and parathyroid glands (42.8%); type II diabetes (35.7%); sensory disorders (28.6%); diseases of the joints (28.6%); hyperlipidemia (25%); secondary hypogonadism (21.4%); nephrolithiasis (17.9%); benign formations (25%), specifically: prostate hyperplasia (7.1%), uterine myoma (7.1%), MEN-1 syndrome (3.6%), osteoma (3.6%), angiolipoma (3.6%).

Conclusion. Acromegaly occurs 2.5 times more often in women compared to men. The results for the primary complaints correspond to the current literature, except for amenorrhoea and galactorrhea. In most cases, macroadenoma was detected. The most frequent symptoms detected during the disease were associated with local tumor effects, hormonal disorders and changes in metabolism. The major complications of acromegaly are the following: cardiomyopathy (67.9%); arterial hypertension (57.1%); diseases of the thyroid and parathyroid glands (42.8%); type II diabetes (35.7%).