

Lovely Shoes

My journey with acromegaly, in some ways begins with a return to my first profession as health care worker, from my jobs as an office manager, and teaching a computer program. I returned to this profession in the fall of 1992 and had to go from wearing high heels, which I loved, to wearing flat shoes.

These shoes were comfortable but did not have much support. Over the next few years, I noticed I could no longer wear my lovely high heels when I wanted to dress up because my feet were bigger, and shoes would not fit. I thought it was just because I was wearing the flat shoes all the time and my feet had spread in width, so I bought some more lovely shoes to fit my new size. As time went on I could not fit in these shoes either, and had to go from a 7.5 or 8 initially to a 9.5 wide. During this time my fingers became swollen and I had to have my wedding rings cut off and resized 3 sizes up. I still thought it was the change in work status. My mother commented that she did not have a change in shoe or hand size and she was in her early 80's. She would ask me if I had collagen injected into my lips, as they had also increased in size. My other major complaint prior to surgery was irritability and anger that was not always reasonable.

Throughout that time I was seeing several doctors for complaints of nose stuffiness, sleep apnea, and poor sleep. Suggestions included surgery to widen my nasal passages [suggestion not followed up on], medications from allergists, special pillows, and finally a C-PAP machine for the sleep apnea. I used this machine for several weeks and I noticed my bottom teeth were spreading on one side. I now had a gap in my teeth that previously had been crooked and the only place my top and bottom teeth contacted was on one place on the left side. I saw my dentist and he referred me to the endocrinology clinic.

I had an appointment at the endocrinology clinic in May 2005, and after having blood tests and an MRI, I was diagnosed as having a pituitary tumour. I was fortunate to have the surgery later in May 2005, due to a last minute cancellation, so I did not have too much time to think about the procedure.

The surgeon was able to remove part of the tumour, but not the part lying close to the carotid artery. I spent a day in the neurology intensive care unit because there was some unexpected bleeding and an arteriogram had to be done to check that it was not the carotid artery. From there I spent two days in the step down unit and then was discharged the second day that I was in a semi-private room. Recovery at home was boring but uneventful.

The soft tissue swelling decreased gradually after the surgery and I did not have to have my rings cut off a second time. My shoe size seems to have stabilized, but I will never be able to wear the lovely high heels again. I still do not need collagen injections to increase my lip size.

My IGF-1 levels were 850 at the time of my surgery. After surgery they dropped to 650, but by September 2005, it was starting to creep up to 690. The decision was made to that time to start me on the octreotide (Sandostatin® LAR®) injections at 20 mg once a month. The levels had dropped to 130 my February of 2006, so we decreased the octreotide (Sandostatin® LAR®) to 10 mg for 3 months. The level rose again to 230 and I was increased to 20 mg of octreotide (Sandostatin® LAR®) again. I have had no noticeable side effects with Sandostatin 10 mg or 20 mg, other than pre-existing fatigue.

After some further adjustments, I am on (octreotide) Sandostatin® LAR® 20 mg. I have only the complaint of fatigue. I have also had physiotherapy and osteopathic treatments on my face and jaw to decrease the jaw and teeth displacement. I started braces to correct the crooked teeth and the gaps which were partially due to the acromegaly. The dietician was consulted at the clinic to review my diet and I continue to exercise and do Qi Qong to maintain my physical health.

Clinical Pearls

- Sleep apnea is often treated long before the acromegaly is identified and the tumour is removed.
- Surgery, which is performed through the nose and sinuses, will remove most, or all of these benign pituitary tumours. A hospital stay of up to seven days or more is required. Success varies depending on the size and location of the tumour.
- The surgery is performed by a neurosurgeon, with assistance from an otolaryngologist (ENT).
- Drugs and/or radiation therapy is recommended if the surgeon is unable to remove the entire tumour.