Out of Character Behavior

I can remember being puzzled over my shoe size increasing from size 10 regular to size 11 4E; but thought the change was due to normal aging as one's nose and ears continue to increase in size as one ages. For some time, my mother had been remarking, with some concern, over how large and swollen my hands were looking; my wedding band would now fit my small finger on my right hand, rather than the usual digit. At work, one day I overheard a remark about the "lizard skin" look on the back of my hands; the skin there was indeed rough and leathery looking.

At about this time, I noticed I would "blow up" and was being generally more difficult with those at work. As this behaviour was out of character, I often wondered why the change. After work, I felt more tired than normal, so I began a 4 km walk after the evening meal, in an attempt to feel less done in. After a week or two I felt better, so this routine established a new normal in personal well being.

However, I noticed that when 10:00 pm arrived, I wanted to head for bed. As my head hit the pillow, I could feel myself falling to sleep. I recall reflecting that, with my new ability to quickly fall asleep, I could give the traditional Inuit hunters a run for who could fall asleep with the greatest speed. [This ability to rapidly fall asleep under the stars, on the hunting trail at day's end and in sub zero temperatures, was an observation made by writers of the time who traveled with our northern Eskimos]. And needless to say, the ability to get a good night's sleep is every bit as important to help gather resources for the overly stressed or seriously ill. Unlike the Inuit hunters; however, in the morning my pillow was wet from my abundant drool, while at night my wife reported that I had begun to snore, which before I had rarely done before.

As I drove home from work, I would notice that I had to use my right eye now to see the driver's side mirror, but again I passed this off as possible cataract development as some [relatives] on my father's side had cataracts develop in their early fifties. Then one day at work, I picked up a hand lens and checked my close vision by that means. To my surprise, my left eye would not focus. Upon arriving home, I picked up the binoculars to check for distance and confirmed again that my left eye wouldn't focus. The next day I phoned my eye doctor.

During the eye appointment in May, my doctor admitted that he was unsure why I was having the vision problem so asked me to return for an examination in three months time.

This next appointment started a series of steps and tests which resulted in a pituitary gland tumour diagnosis being made in the late fall, with an operation following in early December.

That was fifteen years ago. Apart from having to take a thyroid hormone tablet each day, and a testosterone shot every three weeks at my doctor's office, I would not know that I once had such a condition. Although many acquaintances are aware of this history, only a

few still look at me with some concern over my health and even fewer look deep into my eyes for ominous information, for it was vision problems that signaled the first symptom.

So at 65, and with lots of exercise, I feel fine. Good blood pressure [110/76] and normal vision after cataract surgery. Although I fall asleep less quickly, my nights remain free of snoring and I no longer awaken to wet pillows from drool. When dining out I have formed the habit of refusing senior's rates with the explanation that I will gladly accept their kindness when I feel like a senior. So everything remains copacetic to date… life is good.

Clinical Pearls

- The pituitary gland is in close proximity to the optic nerves. A tumour in the pituitary gland could interfere with these nerves and a visual disturbance or loss of vision may occur.

- An MRI of the pituitary can assess how close the tumour is to the optic nerve and visual field testing can determine if it is causing a visual change.

- If a pituitary tumour is present, blood tests are ordered to check all of the pituitary hormones. This profile would indicate if there is an over production of particular hormones and in the case of acromegaly, this would be growth hormone (GH) and insulin-like growth hormone (IGF-1).

- The diagnosis of acromegaly is confirmed by an oral glucose tolerance test (OGTT)

- Early detection is ideal.