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Epidemiology and outcomes after multimodality therapy of acromegaly over three decades in the Maltese population

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Aim: To ascertain epidemiology and outcomes in Maltese patients with acromegaly.

Method: Retrospective case record study of acromegalic patients diagnosed between 1979 and 2008.

Results: Forty-seven patients were recruited (25 females and 22 males). The prevalence of acromegaly in the Maltese population was 11.4 per 100 000 population. Of 77% had a macroadenoma (53% extrasellar, 24% intrasellar). Of 15% had a microadenoma. Two tumours were unclassifiable, while in two patients no pituitary tumour was identified.

Thirty-six patients underwent transsphenoidal surgery (TSS), 28 operations were carried out prior to 1999 in two UK centres while after 2000, TSS was carried locally by a single surgeon. Pre-operative median GH was 40 µg/l (range 1.2–85.4) and 4.5 µg/l (23.9–0.32) post-operatively. Mean IGF1 z scores were 7.22 (SD 1.8) pre-operatively and 2.6 (SD 1.92) post-operatively. Prior to year 2000 surgical success rate was 23% for extrasellar macroadenomas, 16% for intrasellar macroadenomas and 33% for microadenomas success. After 2000 success rate for extrasellar macroadenomas was unchanged while for intrasellar macroadenomas and microadenomas the success rate was 100%.

Twenty-nine patients were treated with radiotherapy (in three it was the sole intervention). Two patients had radiotherapy prior to TSS while the remaining 24 patients had radiotherapy post-TSS.

GH level normalisation was obtained in 38% at 5 years and in 48% at 15 years. With somatostatin analogues ($n=15$) biochemical control was achieved in 54%. The time interval from diagnosis till achievement of biochemical control was 6.35 years prior to year 2000 and 7 months post year 2000 ($P=0.004$).

Of 65% were found to have hypopituitarism, 62% had hypogonadotrophic insufficiency, 45% had thyrotrophic insufficiency and 57% had corticotrophic insufficiency.

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Conclusion: Surgical outcomes have improved for intrasellar and microadenomas but not for extrasellar macroadenomas. Success rates after medical treatment with somatostatin analogues compare favourably to other published studies. Radiotherapy effects are delayed and medical treatment is more popular.

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