Gigantism associated with hypopituitarism: a case report

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Background

Gigantism is a rare disorder, a major cause of which is hyperpituitarism. Even rarer is hyperpituitarism causing gigantism in the company of pituitary failure.

Objective

To present an unusual case of gigantism due to pituitary tumour in a patient who was also having features of hypopituitarism.

Case report

An 18 year old male Nigerian diagnosed as having gigantism secondary to pituitary adenoma is reported in this communication. He was referred from the orthopaedic clinic where he was being managed for a fracture. He was very tall compared with his siblings and peers. Pregnancy and early childhood were uneventful. He had excessive somnolence, sluggishness and weight gain. He weighed 114 kg with a height of 2.10m. His upper segment was 1.0m with a lower segment of 1.10m. The arm span was 2.32m. He had thick lips with large hands and feet. There was bilateral gynaecomastia with milky nipple discharge. He had scanty axillary hair but his pubic hair distribution was Tanner stage 4. He had bitemporal hemianopia, diminished reflexes globally, but no delayed relaxation phase of the ankle reflex. His pulse rate was 86bpm; blood pressure was 90/60mmbg. Basal growth hormone was markedly elevated. Basal Prolactin was also elevated. Thyroid and testicular functions were impaired. Basal cortisol and stimulated cortisol were equivocal. OGTT with serial growth hormone measurement showed no suppression of growth hormone. imaging studies confirmed enlarged pituitary fossa due to pituitary tumour. The problems with this patient were hyperpituitarism with hyperprolactinaemia, hypothyroidism, hypogonadism and borderline adrenocortical function. He was commenced on bromocriptine and hormonal replacement improved and was subsequently lost to follow-up..

Conclusion

This case highlights delayed diagnosis and concomitant presence of hyperpituitarism and hypopituitarism. In the short term patient can be controlled medically but long-term management poses challenges.