Management and Diagnostic Challenges of Recurrent Acromegalic Symptoms Presenting Only During Pregnancy

Abstract Type: Case Report/Case Series
Christine M. Curcio, M.D.; Rishimani Adsumelli, M.D.; Ellen Steinberg, M.D.
Stony Brook University Medical Center

Acromegalic symptoms induced by pregnancy and remitting post-partum is a rare phenomenon not documented in the literature. A 31 year old morbidly obese G2P1 female at 32 weeks EGA presented with complaint of worsening shortness of breath, sleep apnea, painful progressive lower extremity edema, and distinct acromegalic features. Similar symptoms were seen in her previous pregnancy of lesser severity which remitted post partum and recurred with an overwhelming, alarming presence in subsequent pregnancy. Anesthesia stressed concern over avoidance of managing a difficult airway-mallampati class 4, in an emergent situation. The obstetric team favored spontaneous vaginal delivery as patient has been managed as such for prior delivery. Endocrinology and maternal fetal medicine were involved early on in the case. Anesthesia involved the pulonary and ear nose and throat service to evaluate patient’s declining pulmonary status and airway. MRI evaluation by ENT showed futher narrowing of the airway. Anesthesia pushed vigorously, and the obstetric team finally agreed to a planned cesarean section under general anesthesia as soon as possible. Awake fiberoptic intubation was problematic secondary to difficulty in topicalization and suppression of the gag reflex. Following rapid sequence induction, the airway was ultimately secured with a glidescope. Cesarean section was otherwise uneventful with delivery of a healthy baby and hemodynamically stable mother. Patient showed complete regression of the severe, progressive acromegaly features associated with pregnancy two weeks post-partum.

The successful outcome of managing a patient with acromegalic features is the result of the coordinated care of the multidisciplinary teams involved and anesthesia impressing the importance of a plan to avoid emergent airway management in a potentially catastrophic situation.

References: