



“FEET DON’T GROW IN ADULTS”

Guest commentary by Wayne Holtham, National Committee Member, The NZ Acromegaly Society.

Actually, YES feet can grow in adults. For people with acromegaly, foot growth in adults is a typical symptom. Hence The NZ Acromegaly Society is approaching PodiatryNZ to raise the awareness of Acromegaly. The literal translation for acromegaly is ‘large extremities’. This is caused through bone and soft tissue growth due to the over-production of Growth Hormone (GH) by a benign tumour of the pituitary gland. Gigantism is acromegaly occurring in childhood.

In the majority of cases, by the time of diagnosis, the tumour would have been active for 5-10+ years, with gradual physical and hormonal changes over that time. The illness is traditionally considered a rare disease at 5 per million patients, but new studies suggest prevalence as high as 1000 per million patients, improving diagnosis rates due in part to awareness is making it less rare.

Symptoms of acromegaly include, enlarged hands and feet; facial changes – enlarged jaw and brow, the spacing and misalignment of teeth, enlarged ears and nose; snoring; sleep apnoea; diabetes; enlarged organs; weight gain; thickened skin; skin tags and keloid scarring; peripheral vision loss; excessive sweating; deeper voice; carpal tunnel syndrome; difficult to control hypertension; headaches; colonic polyps; soft tissue swelling; painful joints; fatigue. If left undetected and untreated it will lead to reduced quality of life and increased mortality.



Source: Internet. Twins, showing size difference of hands, feet and general body size due to Acromegaly.





Source: Internet. Showing the facial changes on undiagnosed Acromegaly over time.

As Podiatrists, questions for your patients are:

- Did your shoe size increase in the last 5 years?
- Did you have to resize your (wedding) ring because it became tight?

Acromegaly was diagnosed in 1 in 35 patients answering “yes’ to either question in a study. 40% of people with acromegaly recall enlarged hands or feet as the earliest symptom, frequently noted as “puffiness”.

The prime issue however is in gaining the correct diagnosis earlier than is currently experienced. For throat and speech issues one may be referred to an ENT, and for carpal tunnel to a hand surgeon. However, if any of these health professionals put (say) sleep apnoea and carpal tunnel together, they can suspect Acromegaly. Add in (say) headaches or a diabetic condition and you have very strong indicators of Acromegaly. A simple but specific blood test by a GP or endocrinologist will confirm the diagnosis. However many of these symptoms are gradual, and present late in the development of the illness, making early detection difficult.

Surgery is the first line treatment, with relief from many of these symptoms occurring immediately upon surgery. Other treatments include medical therapies & radiotherapy. Some sufferers have serious ongoing medical issues which limits their lifestyle, whilst others including myself live somewhat normally including sport & exercise, with only minor medical intervention. Full disease remission is less likely in larger adenomas.

I wish to point out that not all sufferers of Acromegaly have all the symptoms, myself I did not have any foot growth issues, but presented about 20 of the other symptoms described above. Our society’s aim in producing this article is simply to increase the awareness of Acromegaly as an illness that can be identified by podiatrists. Should shoe sizes change in an adult, or very rapid and sustained foot growth in an adolescent (along with significant height gain), you may suspect Acromegaly, and refer to their GP for investigation.

Please feel free to view New Zealand Acromegaly Society website for more information. www.acromegaly.org.nz

Regards, Wayne

