LETTER TO THE EDITOR

Dear Sir,

RE: ACROMEGALY AND CEREBROVASCULAR ACCIDENTS (1)

The above article which appeared in a recent issue of your journal leaves many questions and doubts which we feel need to be discussed.

The nature of the "arteriovenous malformations" is uncertain from both the description and the films shown. Was there an aneurysm of the supraclinoid internal carotid artery in figure 1 (upper) and a venous angioma in figure 1 (lower). How these uncertain malformations were a contraindication to yittrium implantation, transphenoid surgery or external irradiation is also not clear.

Were these malformations congenital in origin? Arteriovenous malformations may grow, regress, bleed, steal blood and cause epilepsy but they are generally accepted to be developmental in origin. How this can be casually linked to an acquired disorder such as a growth hormone secreting pituitary tumour is problematic.

We would also have liked more details about the case. The actual year in which the patient was seen is also important because it identifies more accurately the patient described to members of the medical community which may have also seen her before.

Acceptance of this article implies that the referees of this article accept that the association between cerebral vascular malformations and acromegaly has a reasonable statistical or scientific basis. The Proton Beam Unit of the Massachusetts General Hospital has treated more than 1,000 arteriovenous malformations as well as many patients with acromegaly and they have not noticed any such association (2). The chance occurrence of two uncommon disorders is interesting but hardly worth reporting unless they add to our knowledge of how to manage these cases.

Yours faithfully,

Dr Tang Kok Foo
Dept of Neurology

Dr Tan Kheng Khooi
Dept of Neurosurgery

Tan Tock Seng Hospital.

REFERENCES

1. K O Lee, H M Gwee, J S Cheah. Acromegaly and Cerebrovascular Accidents: Sing Med J 1988; 29:476-9.
2. Antonio DeSellas; personal communications.

AUTHORS' REPLY

Dear Sir

We are gratified at the interest shown by Drs Tang and Tan at our case report but are a little surprised at the tone of their comments. We shall respond only to the scientific comments addressed to us.

The radiological report of the angiogram (dated Nov, 1979) was "Multiple small fusiform aneurysmal dilatation of branches of both middle cerebral arteries (especially on the left)". A CT scan done after angiography further reported "A small rounded density is present in the anterior fissure and a smaller one in the right parieto-occipital lobe. A larger irregular density is in the left anterior Sylvian fissure. These are consistent with aneurysms shown in the angiograms".

This patient was under our care (H M Gwee) and was certainly a problem in management. She already had spontaneous and multiple cerebrovascular accidents. We did no think it was acceptable to expose her to the risk of precipitating further intracranial bleeding by any operative procedure. Her problems were extensively discussed with several eminent visiting endocrinologists including Dr D. London and Sir John Nabarro who agreed completely with our management. It was partly in response to their suggestion that we decided to report this unique case.

Were these malformations congenital, or developmental, in origin? We do not know. The last two paragraphs in our article we have already discussed how growth hormone might be relevant.

The editor, and the referee of our paper, might wish to respond to the criticisms of accepting and publishing our article as we cannot speak for them. We stand by our comments that (i) there is an unexplained increase in mortality from cerebrovascular accidents in patients with acromegaly, and (ii) there have not been any published studies on cerebral angiographic findings in patients with acromegaly.

K O Lee **H M Gwee** **J S Cheah**

The case report in question was published because of the unique case characteristics. As mentioned by Dr K O Lee in his reply, this case was seen and commented by visiting expert endocrinologists also, although at the time of review, this fact was not known.

– Editor