

CLINICAL SKILLS: ACROMEGALY EXAMINATION

- Wash hands
- Introduce self
- Ask permission to examine patient
- Expose patient, preferably in underwear
- Reposition patient lying down

General inspection:

- First, inspect the patient as a whole, looking for the 'gestalt' picture of:
 - Coarse, square features
 - Sweating
 - Large size

Specific features:

- Then inspect each part of the patient as you go along (as for cardiovascular, abdominal and respiratory examinations, start at hands first)
- Hands
 - Large
 - Squaring of the hands
 - Unable to keep ring on due to increasing size
 - Carpal tunnel syndrome - check sensation and power in hands (median nerve distribution damage - wasted thenar eminence, numb lateral 3 and a half fingers, weak thumb abduction). You can also perform special tests for carpal tunnel syndrome:
 - **Tinel's Test:** Percuss the wrist over the flexor retinaculum. In a positive test you the patient will report tingling/numbness in the median nerve distribution
 - **Phalen's manoeuvre:** Passively flex the wrist, by either holding them in a flex position or asking the patient to adopt the inverse prayer position, for 60 seconds. In a positive test the patient will report tingling/numbness in the median nerve distribution
 - Sweating
- Arms
 - Ask to measure blood pressure (may be raised)
 - Check power of shoulder abduction (may be reduced)
- Face
 - Coarse features
 - Supraorbital ridging, protruding jaw
 - Puffiness of eyes and mouth
 - Big nose and ears
 - Sweaty skin
 - Eyes - test the patient's visual fields. You are looking for bitemporal hemianopia (due to the differential diagnosis of a pituitary tumour causing these signs)
- Mouth
 - Macroglossia
 - Teeth are widened

- Neck and axillae
 - Acanthosis nigricans
 - JVP may be raised
 - Goitre may be present
- Chest
 - Apex beat may be displaced
- Legs
 - Ask patient to stand from a sitting position to examine for proximal myopathy
 - Diabetic neuropathy
 - Check for peripheral neuropathy by using an orange stick to test sharp touch sensation. Start by tapping at the tip of the foot and asking the patient if they can feel the sharp touch. If not, tap upwards until the patient reports they can feel the stick. Repeat test on the other leg. This could also/alternatively have been done in the upper limb.
 - Large feet

To conclude the examination:

- Thank the patient and offer to help them get dressed
- To end your examination, offer to dipstick the urine for glucose (diabetes).