

Facial and hand analysis, sleep apnea and speech in patients with acromegaly: a prospective study to investigate changes in craniofacial and hand characteristics, sleep apnea and speech during treatment and after remission.

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To investigate the changes in facial- and hand analysis in patients with acromegaly as a result of medical treatment and pituitary surgery, and to investigate the changes in relational proportions between facial- and hand structures, incidence and...

Ethical review	Approved WMO
Status	Recruitment stopped
Health condition type	Endocrine and glandular disorders NEC
Study type	Observational invasive

Summary

ID

NL-OMON41364

Source

ToetsingOnline

Brief title

Prospective study on changes in acromegaly

Condition

- Endocrine and glandular disorders NEC
- Upper respiratory tract disorders (excl infections)
- Skin and subcutaneous tissue disorders NEC

Synonym

Growth hormone excess

Research involving

Human

Sponsors and support

Primary sponsor: Endocriene ziekten

Source(s) of monetary or material Support: Ministerie van OC&W

Intervention

Keyword: Acromegaly, Craniofacial, Sleep apnea, Speech

Outcome measures

Primary outcome

Parameters of facial analysis with 3D stereophotography and cone beam CT and hand analysis with 3D stereophotography respectively, biochemical parameters of disease activity, disease related and general QOL using the AcroQol and RAND-36 questionnaires, speech analysis and the voice handicap index questionnaire and severity of sleep apnea using complete overnight polysomnography and the Epworth sleepiness scale questionnaire.

Secondary outcome

In vitro inflammatory cytokineproduction and foam cell formation of monocytes obtained from patiënts with acromegaly

Study description

Background summary

Acromegaly is the clinical syndrome that results from an excess of growth hormone (GH). Craniofacial and hand disproportions due to soft tissue swelling and new bone formation are highly prevalent in patients with active acromegaly. Besides the cosmetic aspects, these changes can impair the quality of life because of the significant morbidity with respect to oral, maxillofacial and hand pathologies as well as respiratory problems such as sleep apnea and

changes in speech. At present it is unclear if these craniofacial and hand disproportions, sleep apnea and speech changes are (partially) reversible after successful treatment. Therefore there is no consensus about the information patients should be given about (partial) recovery of facial and hand disproportions after treatment and how the follow-up with respect to oral, maxillofacial, respiratory and hand pathology should be organized. Facial and hand analysis using a 3D stereophotograph and a 3D fusion model of a 3D stereophotograph and a 3D skull reconstruction via cone beam computed tomography (CT)-scan makes it possible to investigate the craniofacial changes due to acromegaly in all facial dimensions together (dentition, bone and soft tissue) and the relational proportions between these facial structures. 3D stereophotography can do the same for the soft tissues of the hand. Combined with disease specific and general quality of life (QOL) questionnaires, a correlation between quality of life and craniofacial and hand disproportions can be determined. Combined with sleep- and speech analysis, a correlation between sleep apnea, speech and craniofacial disproportions can be determined.

Study objective

To investigate the changes in facial- and hand analysis in patients with acromegaly as a result of medical treatment and pituitary surgery, and to investigate the changes in relational proportions between facial- and hand structures, incidence and severity of sleep apnea and incidence and severity of speech changes.

Study design

Prospective case-control study.

Study burden and risks

As a result of participating in this study, subjects have to undergo a 3D stereophotograph and a 3D cone beam CT. The cone beam CT is associated with exposure to X-ray radiation of 0.069-0.135mSv. This is the same amount of radiation as the amount of background radiation that each person receives in 7 days time during daily life. No adverse effects are expected from this amount of exposure. The investigation will take 20-40 minutes adjacent to every outpatient clinic visit.

Patients undergo venipuncture as part of their standard care. The additional blood samples required for this study will be obtained during regular outpatient clinic blood drawing procedures. Patients will not undergo an additional venipuncture. Therefore, this addition to the original protocol is associated with no significant burden.

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age

Adults (18-64 years)

Elderly (65 years and older)

Inclusion criteria

- Newly diagnosed acromegaly
- Diagnosis is biochemically confirmed by an increased IGF-1 level (mean +2 standard deviations for age) and insufficient suppression of serum GH levels (e.g. GH levels \geq 2mU/l) during oral glucose tolerance test.
- Subjects should be over 18 years old with the ability to read and comprehend the Dutch language

Exclusion criteria

- Pregnancy
- Maxillofacial surgical treatment in the past.

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- Hand surgery in the past
- Speech pathology unrelated to acromegaly

Study design

Design

Study type:	Observational invasive
Intervention model:	Other
Allocation:	Non-randomized controlled trial
Masking:	Open (masking not used)
Control:	Active
Primary purpose:	Basic science

Recruitment

NL	
Recruitment status:	Recruitment stopped
Start date (anticipated):	11-10-2012
Enrollment:	60
Type:	Actual

Ethics review

Approved WMO	
Date:	24-05-2012
Application type:	First submission
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)
Approved WMO	
Date:	26-06-2012
Application type:	Amendment
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)
Approved WMO	
Date:	10-11-2015
Application type:	Amendment

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
CCMO	NL39882.091.12