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Images in rheumatology

## Thick heel pads

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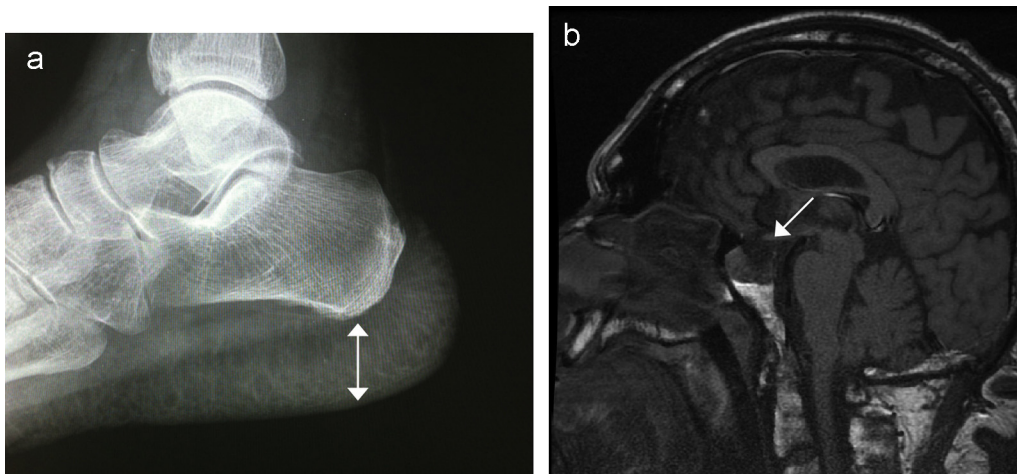


Fig. 1.

A 65-year-old patient was admitted for arthritis of the ankle. The radiograph showed soft tissue thickening (heel pad, 31 mm) suggesting acromegaly (Fig. 1a). This diagnosis was confirmed by increases in serum GH (23.9 mIU/L) and IGF-1 (944 ng/mL), and by morphological changes (enlarged hands and feet and modified facial features). MRI showed a 9 × 8 × 5-mm pituitary mass consistent with a probably necrotic adenoma (Fig. 1b). Soft tissue thickening with heel pad thickness > 22 mm is pathognomonic for acromegaly [1]. Acromegaly is caused by a pituitary adenoma that releases excessive amounts of GH and IGF-1, thereby inducing anatomic and metabolic abnormalities [2]. The choice between pharmacological and surgical treatment depends on the size of the adenoma.

### Disclosure of interest

The authors declare that they have no conflicts of interest concerning this article.

### References

- [1] Bukhman AI, Avakian MR. The soft tissue of the foot in acromegaly. *Probl Endokrinol* 1989;35:6–11.
- [2] Giustina A, Chanson P. Expert consensus document: a consensus on the medical treatment of acromegaly. *Nat Rev Endocrinol* 2014;10:243–8.

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