WebLog Journal of Endocrinology and Diabetes

Short Communication
Published: 07 Feb, 2026

Acromegaly and Hirsutism: Exploring a Rare Association

K. Gorgi[1] and M. Chaouche[2]*

[1]*Department of Endocrinology, CHP of Tata University Hospital, Rabat, Morocco*

[2]*Department of Dermatology, Mohammed VI University Hospital, Agadir, Morocco*

WebLog Open Access Publications
Article ID : wjed.2026.b0705
Author : Dr. Khaoula Gorgi

Introduction

Acromegaly is a rare endocrine disorder caused by excessive secretion of Growth Hormone (GH), usually from a pituitary adenoma [1]. Hirsutism, a condition characterized by excessive terminal hair growth in a male pattern in women, has been occasionally reported as a cutaneous manifestation of acromegaly but is rarely the presenting symptom [2, 3]. We report a rare case of acromegaly revealed by hirsutism.

Case Report

A 32-year-old woman was referred by her dermatologist for evaluation of hirsutism associated with oligomenorrhea. Clinical examination revealed acrofacial dysmorphic features consistent with acromegaly, mild hyperandrogenism manifesting as hirsutism with a Ferriman-Gallwey score of 18, and facial acne without signs of virilization.

Laboratory findings included markedly elevated Insulin-like Growth Factor 1 (IGF-1), normal testosterone (0.5 ng/mL), glycated haemoglobin at 6%, normal 8 AM cortisol post-dexamethasone suppression (6 ng/mL), and normal urinary free cortisol and 17-hydroxyprogesterone levels.

Pituitary MRI revealed a macroadenoma, and pelvic ultrasound showed features consistent with Polycystic Ovary Syndrome (PCOS). Abdominal CT scan was unremarkable. The diagnosis of acromegaly associated with PCOS was established.

Discussion

Acromegaly is a rare disorder, and its link to hirsutism is uncommon but pathophysiologically plausible. GH hypersecretion induces insulin resistance and compensatory hyperinsulinemia, which may stimulate ovarian androgen production and contribute to PCOS and hirsutism [4, 5]. While PCOS is a common cause of hirsutism, its association with acromegaly requires careful endocrine evaluation to guide management.

Conclusion

This case highlights the rare presentation of acromegaly revealed by hirsutism, underscoring the importance of considering GH excess in patients with atypical hyperandrogenic symptoms. Early diagnosis may improve outcomes through targeted therapy.

References

1. Melmed S. Acromegaly pathogenesis and treatment. J Clin Invest. 2009; 119(11): 3189-3202.
2. Dutta P, Kalra S. Cutaneous manifestations of acromegaly. Indian J Endocrinol Metab. 2013; 17: S29-S30.
3. Colao A. The skin and acromegaly. Rev Endocr Metab Disord. 2010; 11(2): 91-97.
4. Diamanti-Kandarakis E, Dunaif A. Insulin resistance and the polycystic ovary syndrome revisited: An update on mechanisms and implications. Endocr Rev. 2012; 33(6): 981-1030.
5. Melmed S. Mechanisms for obesity in acromegaly. Curr Opin Endocrinol Diabetes Obes. 2017; 24(3): 162-167.

OPEN ACCESS

Correspondence:
Dr. Gorgi Khaoula, Department of Endocrinology and Metabolic Diseases, CHP of Tata University Hospital, Rabat, Morocco; Tel: 0615591874; E-mail: khaoulagorgi@gmail.com

Received Date: *07 Jan 2026*
Accepted Date: *05 Feb 2026*
Published Date: *07 Feb 2026*

Citation:
K. Gorgi, M. Chaouche. Acromegaly and Hirsutism: Exploring a Rare Association. WebLog J Endocrinol Diabetes. wjed.2026.b0705. https://doi.org/10.5281/zenodo.18778451