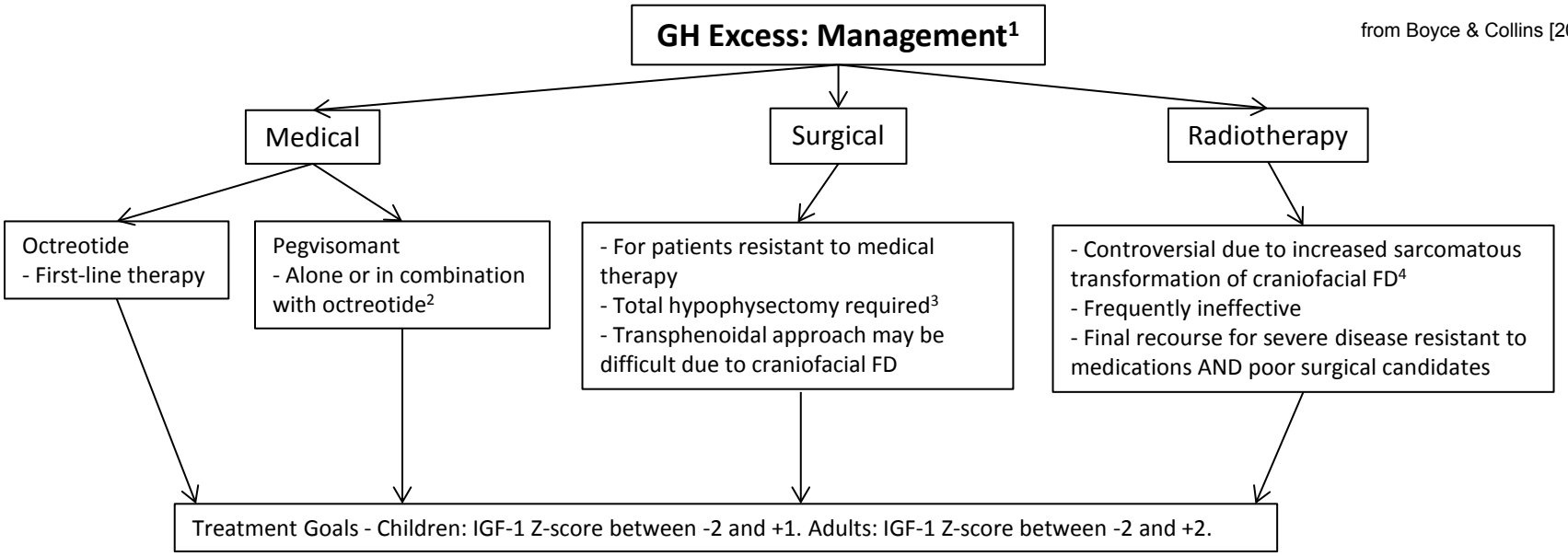

[1]Hyperprolactinemia accompanies GH excess in approximately 90% of the patients with MAS. It usually only requires treatment if levels are very high and/or is interfering with pubertal progression, menses, or sexual function. [2]Our practice is to add pegvisomant after reaching a maximal dose of 30 mg/mo of octreotide. [3]Due to characteristic diffuse somatolactotroph hyperplasia of the pituitary, total hypophysectomy is required for successful surgical treatment. [4]FD of the skull base is nearly universal in patients with MAS-associated GH excess. There are reports of fatal skull base osteosarcomas arising after pituitary irradiation for treatment of MAS-associated GH excess.

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Legend

FD = fibrous dysplasia; GH = growth hormone; IGF-1 = insulin-like growth factor-1; MAS = McCune-Albright syndrome; mo = months