

MULTIPLE ENDOCRINE ADENOMATOSIS (MEA) - CASE REPORTS

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MEA is a comparatively rare syndrome which is not always diagnosed by clinical examination. These difficulties are due to the fact that the diffuse endocrine system, or so called APUD cells, is dispersed not only in the endocrine organs but in other organs and systems as well; this fact determines the great variety of clinical manifestations. We present two cases with MEA observed by us.

Patient L.B., a 65 year-old woman (C.R.6691/1989), with history of goiter operation in 1967. The onset of the disease was about 10 years ago, with a progressive headache, excessive sweating and enlargement of limbs. The acromegaly was diagnosed in 1987 but not treated. Family history - unencumbered. The patient was admitted to the Department of Cardiology, Dobrich with a severe heart failure and died three days later. Clinical examination: severe state, cyanosis, moist skin. Face typically acromegalic; coarse features, increased forehead skin folds, enlarged nose, jaw, lips, tongue and widely spaced teeth. Thyroid nodular, predominantly enlarged right lobe. Enlarged heart, liver, hands and feet. Pathomorphologically, (C.R. 297/1989) a well capsulated adenoma with dense and elastic consistency and homogenous surface was found in the enlarged hypophysis (diameter 1,5 cm). The histological picture was eosinophilic adenoma. The goiter was nodular, with a predominantly increased isthmus part. Little cavities filled with a gelatinous substance were seen on the section surface. A node (diameter 1 cm) with a whitish capsule was found on the lower right pole. The histological picture was that of a macro-microfollicular adenoma. A yellow coloured node (diameter 1,5 cm) was found in the left adrenal gland. Histologically, it was a mixed-cell adenoma of the cortex. Visceromegalia, oedema of brain and lungs were found in the remaining organs.

Patient P.K., a 62 year-old man (C.R.7130/1991) was admitted to the Surgical Department because of ileus and died ten hours later. He had high-level hypertension for several months. Pathomorphologically, (C.R. 88/1991) a mesenteric thrombosis which caused the ileus. Well limited nodes with dense and elastic consistency with histological picture of a follicular adenoma were found in both lobes of the thyroid. A well limited adenoma (diameter 6 mm) with yellow col-