

Letter to the Editor: “Our Response to COVID-19 as Endocrinologists and Diabetologists”

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We read with great attention the recent editorial by Kaiser et al. regarding endocrine diseases and COVID-19 (1). This was an important initiative as the new coronavirus SARS-CoV-2 has spread very fast worldwide and will certainly affect many patients with previous endocrine diseases. In this context, we would like to highlight some particularities of management of patients with acromegaly that were not addressed in the editorial.

COVID-19 is a mild disease in majority of infected patients, but about 15% need hospitalization and 5% develop a severe disease (2). Most accepted risk factors for a worse prognosis are older age and presence of comorbidities, with most frequent ones being arterial hypertension, diabetes mellitus (DM) and previous cardiovascular and/or pulmonary disease (2). Acromegaly is associated with a prevalence of both arterial hypertension and DM that is higher than the observed in the general population (3). In addition, patients may present pulmonary disease due to acromegaly itself potentially increasing even more their risks (3). Therefore, a possible increased risk for a worse outcome may be present and clinicians should be aware of this.

Another point that we would like to highlight is that much attention is being given to possible COVID-19 treatments, and the association of chloroquine and azithromycin is one of the most studied, being used off-label worldwide (4). One of main side effects of this combination is the risk of increasing QTc interval, thus predisposing to arrhythmias and sudden cardiac death (4). Another possible treatment is the combination of lopinavir and ritonavir that can also be associated with the risk of QTc prolongation (4). This risk may be greater in patients with acromegaly for some reasons: first, acromegaly itself can increase QTc interval and some studies have shown a higher risk of arrhythmias (3); second, an increase of QTc interval is a possible side effect of octreotide and pasireotide, two long-acting somatostatin receptor ligands,

the main class of drugs used to treat acromegaly (5,6). Therefore, doctors should weight the risks and benefits of prescribing drugs for COVID-19 that increase QTc interval for acromegaly patients, especially for those in use of drugs that are long-acting (therefore will maintain their activity for some weeks after suspension) and that may be associated with this side effect.

In summary, acromegaly patients have some particularities that may increase their risk of a worse outcome during the COVID-19 pandemic and that may also impact their management.

Additional information

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Disclosure summary

The authors have nothing to disclose.

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