which in most cases were familial acromegaly, were identified in 1999. Following reports from the same center, familial isolated pituitary adenoma (FIPA) was identified as a separate clinical entity.

FIPA is characterized by pituitary adenomas occurring in two or more family members and absence of genetic and clinical features of multiple endocrine neoplasia type 1 (MEN-1), multiple endocrine neoplasia type 4 (MEN-4), Carney complex, or other multitumour conditions. FIPA is found in 2-3% of pituitary adenomas. AIP, which was first identified as causative of FIPA in 2006, is the most commonly mutated gene. We herein report a novel germline mutation of the AIP gene in a family with FIPA.

CASE REPORT

A 39-year-old male patient presented to the endocrinology outpatient clinic complaining of multiple skin tags all over his body, especially on the neck and under the armpits. The lesions had progressively increased over several years. He was also suffering from facial and hand edema but denied any change in shoe size. On physical examination, a large number of flesh-colored skin tags measuring 0.2-1.5 cm in size were detected all over the body and especially all over the neck and under the armpits. Acanthosis nigricans was also evident on the neck and under the armpits. He had a blood pressure of 130/80 mmHg, a regular pulse rate of 82 bpm, and coarse facial features. Prog-