Tesamorelin

Weight Reduction and Suspected Late-Onset Hypersensitivity Following 19 Weeks of Subcutaneous Tesamorelin

RTP RESEARCH

EVIDENCE TYPE

Retrospective, uncontrolled N-of-1 human case report. This is not a non-clinical experiment or controlled clinical trial.

MANUSCRIPT STATUS

Prepared for clinical and scientific review. Public posting requested by the participant. This manuscript has not been peer reviewed.

EDITORIAL NOTE

The finalized manuscript and dated photographic appendix follow. This repository edition uses the KPV cover and manuscript layout, with page counts and an RTP Research watermark. Observational findings and photographs do not establish efficacy or safety.

25 October 2026 | Repository edition 3.1

Weight Reduction and Suspected Late-Onset Hypersensitivity Following 19 Weeks of Subcutaneous Tesamorelin

A retrospective, uncontrolled N-of-1 observational case report | Clinical and scientific review | 25 October 2026

Participant: 36-year-old male | Observation: 19 weeks | Direct identifiers withheld

Abstract

A 36-year-old male reported approximately 19 weeks beginning 14 June 2026 of morning-fasted subcutaneous tesamorelin (1 mg daily week 1; 1.5 mg week 2; 2 mg weeks 3-16; 1 mg weeks 17-19). Body weight declined from 176 to 159 lb (17 lb; 9.7%), primarily in weeks 4-9; clothing waist size changed from 36 to 30-32. Concurrent tirzepatide 8 mg weekly, NAD+, MOTS-c, diet changes and morning walks prevent attribution of weight reduction to tesamorelin. Around week 17, painful firm injection-site welts and generalized flushing, raised red bumps and heat-associated pruritus emerged. After discontinuation on October 24, 2026, symptoms seemed less intense over about 24 hours, with residual site firmness. This uncontrolled case documents a suspected adverse drug reaction, not a confirmed allergy or efficacy finding. Participant-supplied visual body-fat estimates were 18–22% for 30 May and 10–13% for 15 August 2026. Illustrative range midpoints are 20% and 11.5%, a difference of 8.5 percentage points. These unvalidated estimates are not measurements or a verified body-composition change and do not establish a tesamorelin-specific effect.

Introduction

Tesamorelin is a growth hormone-releasing hormone analogue that stimulates endogenous GH secretion and raises IGF-1. Randomized studies in HIV-associated lipodystrophy have demonstrated visceral adipose tissue reduction [2,3]. Tesamorelin is not indicated for general weight management [1]. This case documents anthropometric observations and suspected late-onset hypersensitivity after prolonged exposure.

Exposure and methods

The participant reports initiation on 14 June 2026 (132 days before the reported final dose on 24 October, approximately 19 weeks). The participant administered tesamorelin subcutaneously each morning while fasted. Reported exposure was 1 mg/day (week 1), 1.5 mg/day (week 2), 2 mg/day (weeks 3-16), and 1 mg/day (weeks 17-19). The final reported dose was October 24, 2026. Product presentation was described as a 5 mg vial from the same supplier throughout. The participant reported that product verification documents exist, but no certificate of analysis, batch data, sterility or endotoxin results were supplied for independent review. These amounts are historical exposures, not dosing recommendations. There was no

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prospective protocol, control, standardized body-composition imaging, or independently adjudicated adverse-event assessment.

Period	Reported daily tesamorelin
Week 1	1 mg
Week 2	1.5 mg
Weeks 3-16	2 mg
Weeks 17-19	1 mg
24 October 2026	Final reported dose

Activity, diet and concomitant exposures

Morning walks were approximately two miles. Diet emphasized fat and protein, initially low carbohydrate, later adding sourdough, potatoes and basmati rice. Protein sources included steak, eggs, chicken, pork sausage, bacon and tuna; fruits included melons, apples and berries. Alcohol was not restricted. Tirzepatide remained at 8 mg weekly; NAD+ and MOTS-c preceded and continued during the observation. The participant reported that weight loss had plateaued before tesamorelin, but ongoing effects and interactions cannot be excluded.

Anthropometric and functional results

Weight decreased from 176 to 159 lb, a 17 lb (9.7%) reduction, mostly during weeks 4-9. Weight was reportedly stable near 159 lb during weeks 17-19. Pant size changed from 36 to 30-32; these are clothing sizes, not measured waist circumferences. The participant reported better abdominal definition, perceived lower fat, muscle fullness, vascularity, strength and endurance; the final interview clarified that strength was not objectively measured. No DEXA, CT, MRI, strength logs, measured waist or quantified lean mass was available. Preservation of lean mass and visceral-fat reduction cannot be established. Six participant-supplied physique photographs dated 30 May, 1 June, 6 July, 12 July, 1 August and 15 August 2026 are reproduced in the photographic appendix. Participant-supplied visual estimates are reported separately in the appendix and were not independently validated; no measured body-fat, fat-mass or lean-mass change is available.

Suspected adverse reaction

Around week 17, nickel-to-quarter-sized, painful, firm, raised welts appeared immediately after injections and persisted approximately 48 hours. Residual firmness sometimes remained after the visible welt disappeared. Local welts were not itchy and had no reported drainage. Reactions occurred at gluteal and abdominal subcutaneous sites. Reducing tesamorelin to 1 mg produced no noteworthy change in welt size. Separate generalized symptoms included red cheeks, raised red bumps, pruritus over the chest, back and hairline, and brief episodes of perceived increased body temperature lasting about 5-10 minutes. The participant reported severe immediate nausea and dry heaving after a previously tolerated 65 mg NAD+ injection;

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its relation to tesamorelin is unknown. Usual resting pulse was reported in the high 50s to low 60s bpm; no measured elevated pulse was supplied.

Withdrawal and dechallenge

Tesamorelin was stopped after 19 weeks, with final administration reportedly October 24, 2026. Approximately 24 hours later, heat-triggered itching and flushing appeared less intense but had not definitively resolved. Injection sites remained slightly firm without raised welts. This is a very early, incomplete report of improvement after withdrawal and does not confirm causality or immune sensitization. No rechallenge was undertaken; intentional re-exposure is inappropriate without specialist evaluation.

Hormonal and metabolic laboratory context

Quest testing on August 11, 2026 recorded GH 6.1 ng/mL (single random concentration), IGF-1 152 ng/mL and IGF-1 Z-score +0.1. On September 20, 2026, IGF-1 was 201 ng/mL and Z-score +0.8; GH was not measured. IGF-1 increased 49 ng/mL (32.2%). GH secretion is pulsatile, so one GH concentration cannot estimate daily secretion. The influence of tesamorelin cannot be separated from other historical GH-related exposures and draw timing. December 2025 fasting glucose was 88 mg/dL; August 2026 fasting glucose 74 mg/dL, HbA1c 4.8%, AST 23 U/L, ALT 24 U/L and creatinine 1.11 mg/dL. Hematocrit is intentionally excluded from this appendix at participant request. The participant previously described a draw approximately two days after 150 mg testosterone and 24 hours after 4 IU HGH, following nine days at 1.5 IU HGH; the supplied timing statement does not independently establish its mapping to each draw. This confounding precludes treating either result as an untreated baseline or assigning the change to tesamorelin. The comparison is selected and is not a complete safety assessment.

Marker	11 August → 20 September 2026
GH (ng/mL)	6.1 → Not measured
IGF-1 (ng/mL)	152 → 201
IGF-1 Z-score	+0.1 → +0.8

Clinical literature and interpretation

FDA-approved EGRIFTA WR labeling warns of hypersensitivity reactions, injection-site reactions, elevated IGF-1, fluid retention and glucose intolerance [1]. Earlier EGRIFTA trials reported hypersensitivity in approximately 4% of treated participants; manifestations included pruritus, erythema, flushing, urticaria and rash. Injection-site reactions occurred in 25% versus 14% receiving placebo during the first 26 weeks [1]. Controlled studies in HIV-associated lipodystrophy showed reductions in visceral fat [2,3], while a separate trial examined hepatic fat in people with HIV [4]. These populations and endpoints differ from this participant. The observed late-onset welts and generalized cutaneous symptoms are compatible with suspected hypersensitivity, but late onset during treatment does not establish a delayed-type immune

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mechanism and the findings do not distinguish allergy from local irritation, inducible urticaria, infection, excipient reaction or unverified product quality.

Limitations and research implications

This report is retrospective and uncontrolled, with self-reported outcomes, no standardized anthropometry or imaging, no clinical assessment of the reaction, no photographs documenting the injection-site reaction, incomplete concurrent hormonal history, and unreviewed product quality records. A clinician should examine persistent injection-site firmness and assess systemic symptoms. Suspected hypersensitivity warrants avoiding further tesamorelin pending evaluation; urgent emergency care is needed for airway swelling, breathing difficulty, fainting, chest pain or rapidly worsening symptoms. Future research requires verified batches, prospective logs, body-composition imaging and adjudicated adverse events. A suspected reaction may be reported to FDA MedWatch [1].

Conclusion

The participant reported a 17 lb weight reduction and perceived physique improvements during 19 weeks of tesamorelin exposure alongside tirzepatide and lifestyle changes. Painful injection-site welts and systemic cutaneous symptoms emerged near week 17 and prompted discontinuation. Partial improvement within 24 hours is a preliminary dechallenge observation. Neither tesamorelin-specific weight-loss efficacy nor a confirmed allergic mechanism can be inferred. Participant-supplied visual body-fat estimates were 18–22% for 30 May and 10–13% for 15 August 2026. Illustrative range midpoints are 20% and 11.5%, a difference of 8.5 percentage points. These unvalidated estimates are not measurements or a verified body-composition change and do not establish a tesamorelin-specific effect.

Ethics and disclosure

Based on the participant-supplied manuscript, interviews and historical laboratory reports. The participant explicitly requested public posting on the RTP Research website on 25 October 2026. No separate signed publication-consent form, author affiliations, conflict-of-interest declaration or funding statement was supplied. Product verification documentation was reported but not independently reviewed. RTP Research branding does not indicate institutional oversight or peer review. Direct identifiers and specimen identifiers are omitted. The participant also requested publication of the six supplied photographs with facial features blurred. A non-generative Gaussian blur was applied locally; image pixels outside the selected facial regions were preserved. Facial blurring does not remove other potentially identifying features such as tattoos.

References

[1] EGRIFTA WR (tesamorelin) US prescribing information. DailyMed, updated 29 July 2026. Sections 1, 5.5, 5.6 and 6.1. Accessed 25 October 2026. https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=839334d3-8c1d-4c26-9036-2ab524a6ea75

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[4] Stanley TL, Fourman LT, Feldpausch MN, et al. Effects of tesamorelin on non-alcoholic fatty liver disease in HIV: a randomised, double-blind, multicentre trial. Lancet HIV. 2019;6:e821-e830. doi:10.1016/S2352-3018(19)30338-8. https://pubmed.ncbi.nlm.nih.gov/31611038/

[5] Private source records: participant-supplied tesamorelin manuscript dated 25 October 2026, incorporating interview rounds 1-5; Quest reports collected 11 August and 20 September 2026; Labcorp report collected 15 December 2025. Laboratory values were checked against available source reports. Interview rounds 2-5 were accessible in the linked conversation; earlier interview details are retained as reported in the supplied manuscript.

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Photographic appendix

Participant-supplied photographs from 30 May to 15 August 2026

Dates follow the participant's filenames and confirmation; capture dates were not independently authenticated. Images are presented chronologically with facial regions blurred. No body reshaping, generative reconstruction, sharpening or lighting adjustment was applied. Display sizes vary to preserve original aspect ratios.

Participant-supplied body-fat estimates (not measurements)
BEFORE · 30 May 2026: 18–22%
AFTER · 15 August 2026: 10–13%
Illustrative midpoints: 20% → 11.5%; difference: 8.5 percentage points.
These approximate visual ranges were supplied by the participant and have not been independently validated. Lighting, posture, muscle contraction and camera angle affect apparent definition. The midpoint difference is not a verified body-composition change. Tesamorelin initiation was reported as 14 June 2026; the photographs are 15 days before and 62 days after initiation.

30 May 2026



Figure 1. Earliest supplied photograph; flexed-arm mirror pose. 15 days before initiation.

1 June 2026



Figure 2. Flexed-arm mirror pose. 13 days before initiation.

Faces blurred for privacy. Participant-supplied estimates are unvalidated; photographs do not establish measured body-composition change or a causal treatment effect.

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Photographic appendix continued

July 2026

6 July 2026

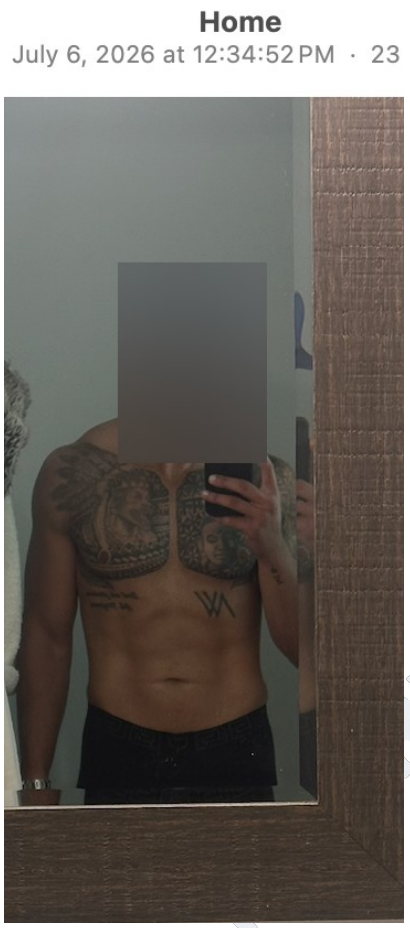


Figure 3. Mirror photograph; supplied screenshot retains its date banner. 22 days after initiation.

12 July 2026

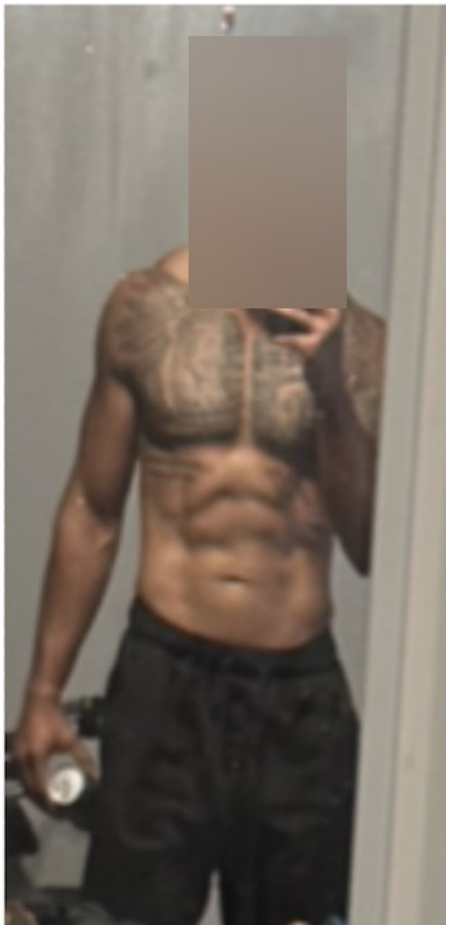


Figure 4. Mirror photograph; original low resolution retained. 28 days after initiation.

Faces blurred for privacy. Participant-supplied estimates are unvalidated; photographs do not establish measured body-composition change or a causal treatment effect.

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Photographic appendix continued

August 2026

1 August 2026



Figure 5. Closer mirror photograph with different framing. 48 days after initiation.

15 August 2026



Figure 6. Latest supplied photograph; flexed-arm mirror pose. 62 days after initiation.

Faces blurred for privacy. Participant-supplied estimates are unvalidated; photographs do not establish measured body-composition change or a causal treatment effect.

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