General Endocrinology

CR-GE-19

SHE WAS TRAPPED IN A MAN'S BODY: A CASE REPORT OF ADRENOCORTICAL CARCINOMA

https://doi.org/10.15605/jafes.034.02.S112

Ralph Jefferson Ramos, Maria Luisa Cecilia Arkoncel, Ryan Joe Dungca, Francis Raymond Arkoncel

Jose B. Lingad Memorial Regional Hospital, San Fernando, Pampanga, Philippines

INTRODUCTION

Adrenocortical carcinoma is a rare malignancy with an annual incidence of 1-2 per million population. It most commonly presents as hirsutism, acne, and clitoral enlargement. This case report documents how the symptoms presented in the patient, how it was diagnosed and treated.

CASE

A 33-year-old female had amenorrhea for a year, accompanied by receeding hairline, mustache, hirsutism more on the hypogastric area and lower extremities, right-sided abdominal pain and deepening of the voice. She brought an ultrasound result with an impression of adrenal mass. Whole Abdominal CT scan revealed right adrenal mass with downward displacement of the ipsilateral kidney. DHEA-S and serum testosterone were elevated. She subsequently underwent laparoscopic adrenelectomy. Histopathology showed adrenocortical carcinoma with extracapsular invasion. On follow-up, repeat DHEA-S and serum testosterone levels were normal. Three months post-operation, the patient complained of amenorrhea for which she was referred to an obstetrician who confirmed her pregnancy. She eventually had an uneventful delivery.

CONCLUSION

Thorough history and physical examination are essential in the diagnosis. Appropriate imaging studies and laboratory work-up are the cornerstone in the diagnosis of androgen-secreting adrenal tumors. The only curative treatment is surgical resection.

KEY WORDS

adrenocortical carcinoma, adrenals, carcinoma

CR-GE-20

SEVERE ACUTE KIDNEY INJURY AS INITIAL PRESENTATION OF ADRENAL INSUFFICIENCY: A RARE PRESENTATION OF AN UNCOMMON CONDITION

https://doi.org/10.15605/jafes.034.02.S113

Shing Shen Bay,[1] Wan Yi Ho,[1] Rafidah Abdullah,[1] Nai-Chien Huan[2]

[1]*Department of Internal Medicine, Sultan Haji Ahmad Shah Hospital, Temerloh, Malaysia*

[2]*Department of Internal Medicine, Queen Elizabeth Hospital, Kota Kinabalu, Malaysia*

INTRODUCTION

Adrenal insufficiency (AI) is a condition whereby the adrenal glands fail to produce adequate amounts of hormones. AI may present acutely with hypotension, hypovolaemic shock although a more insidious presentation with fatigue and weight loss are more common. Acute kidney injury as initial presentation of AI is rare, causing diagnostic challenges.

CASE

We describe a 39-year-old gentleman who presented with a 1-week history of recurrent vomiting and epigastric pain. On examination, he appeared ill with heart rate of 110 beats/min. Urgent haemodialysis was initiated due to deranged renal profile (serum urea 29.3 mmol/L, sodium 122 mmol/L, potassium 7.4 mmol/L, creatinine 1340 umol/L) and metabolic acidosis (serum pH 7.1, bicarbonate 10.4 mmol/L). Hyperpigmented skin lesions were observed over both of his lower limbs. Further investigation excluded autoimmune and obstructive causes of his renal impairment but his laboratory findings were consistent with AI (serum cortisol: 117.5 nmol/L, sent due to history of consuming traditional medications). With the diagnosis in mind, he was started on hydrocortisone supplement with marked clinical improvement and normalization of laboratory indices (urea 12 mmol/L, creatinine 182 umol/L). He remained well without needing further haemodialysis on subsequent outpatient clinic follow-ups.

CONCLUSION

We hope that our case report highlighted acute kidney injury as an uncommon but potentially life-threatening manifestation of AI. The presence of an 'unexplained/atypical' acute kidney injury should prompt a thorough search for possible underlying causes, including AI in rare cases. Early recognition and prompt treatment is vital for good patient outcomes.

KEY WORDS

adrenal insufficiency, acute kidney injury, hypocortisolism