

## PP-A-15

### ADRENOCORTICOTROPIN-INDEPENDENT CUSHING'S SYNDROME DUE TO BILATERAL ADRENAL HYPERPLASIA: A RARE CASE OF PRIMARY PIGMENTED NODULAR ADRENOCORTICAL DISEASE

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#### CASE

Cushing's syndrome (CS) is defined as a constellation of signs and symptoms that result from prolonged exposure to cortisol. The most common cause of CS is excessive use of corticosteroids also called exogenous CS. Endogenous CS only accounts for less than 20%. Adrenocorticotropin (ACTH)-independent CS or adrenal CS is characterized by evidence of hypercortisolism with suppressed serum ACTH level. The most common cause of this condition is unilateral adenoma, while bilateral adrenal hyperplasia is a rare cause. The two types of bilateral adrenal hyperplasia are primary bilateral macronodular hyperplasia (PBMAH) and primary pigmented nodular adrenocortical disease (PPNAD). The treatment of choice for bilateral adrenal hyperplasia with overt CS is bilateral adrenalectomy. Here, we reported a 22-year-old Indonesian female with overt CS due to PPNAD. She subsequently underwent bilateral laparoscopic adrenalectomy.

#### KEYWORDS

Cushing's syndrome, bilateral adrenal hyperplasia, PPNAD, adrenalectomy

## PP-A-16

### USE OF EPLERENONE IN PRIMARY ALDOSTERONISM DURING PREGNANCY: A CASE SERIES

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#### CASE

We describe 2 patients with biochemically confirmed primary aldosteronism (PA) who were treated with eplerenone during pregnancy. Both patients were diagnosed with PA prior to pregnancy but were lost to follow-up since the pandemic. Patient 1 is a 32-year-old gravida 3 para 3 with a previous preterm delivery, seen at 26 weeks age of gestation and referred for elevated blood pressure of 160/110mmHg with severe hypokalemia. Patient 2 is a 40-year-old Gravida 6 Para 5 with previous preterm delivery as well. She was seen at 25 weeks age of gestation and referred for elevated blood pressure of 140/90mmHg and hypokalemia of 2.9 mmol/L. Both patients were given eplerenone 25 mg twice daily and had improvement in blood pressure and hypokalemia thereafter. Both patients had preterm births with birthweights appropriate for age, and APGAR scores of 9 after 5 minutes. This case series can support the efficacy of the short-term use of eplerenone to control hypertension and hypokalemia in PA during pregnancy.

#### KEYWORDS

primary aldosteronism, pregnancy, eplerenone