

## Cushing's syndrome induced by misuse of topical corticosteroids in a child with psoriasis vulgaris

Githa Rahmayunita, author

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### Abstrak

Pemberian kortikosteroid jangka panjang dapat menyebabkan sindrom Cushing. Namun timbulnya sindrom Cushing akibat penggunaan kortikosteroid topikal jarang ditemukan. Seorang anak laki-laki berusia 7½ tahun menderita psoriasis vulgaris sejak usia 2 tahun. Ia diobati oleh dokter spesialis kulit dengan racikan asam salisilat 3%, liquor carbonis detergens 5%, 10 gram salap mometason furoat 0,1%, serta 5 gram krim campuran yang terdiri atas gentamisin sulfat 0,1% dan fluosinolon asetonid 0,025%. Orang tua pasien melanjutkan terapi ini tanpa seizin dokter. Mereka mengoleskannya ke seluruh tubuh pasien tiga kali sehari selama 3½ tahun. Pada pemeriksaan didapatkan hipertensi derajat ringan, wajah bulan, buffalo hump, obesitas, striae multipel, dan penekanan aksis hipotalamus-hipofisis-adrenal. Hasil pemeriksaan bone mineral density dan bone age dalam batas normal. Anak lebih rentan terhadap efek samping sistemik akibat penggunaan obat topikal. Hal ini disebabkan rasio luas permukaan tubuh total terhadap berat badan yang lebih tinggi. Kortikosteroid harus digunakan secara hati-hati, khususnya pada anak. Memberitahu orang tua mengenai efek samping kortikosteroid yang mungkin terjadi sangatlah penting.

*Prolonged exogenous corticosteroid administration may cause Cushing's syndrome. However, the development of Cushing's syndrome from topical corticosteroid therapy is rare. A 7½-year-old boy has suffered from psoriasis vulgaris since the age of two. He was treated by a dermatologist with a mixture of 3% salicylic acid, 5% liquor carbonis detergens, 10 grams of 0.1% mometasone furoate ointment, and 5 grams combination cream consisting of 0.1% gentamycin sulphate and 0.025% fluocinolone acetonide. The parents continued the treatment without the doctor's supervision. They applied it to all over the patient's body three times daily for 3½ years. The patient showed mild hypertension, moon face, buffalo hump, obesity, multiple striae, and suppression of hypothalamus-pituitary-adrenal axis. The bone mineral density and bone age examinations revealed normal results. Children are more prone to develop systemic side effects of topical medication because of their higher ratio of total body surface area to body weight. Corticosteroid must be used with great care, especially in children. It is very important to inform the parents about potential side effects of corticosteroid.*