

Cushings syndrome: a large adenoma of adrenal gland

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Abstrak

ABSTRACT

A 20-year old man was admitted for evaluation of Cushing's syndrome. He presented with a history of headache, fatigue, mood disorder, hypertension (Blood Pressure 170/120 mmHg), moon face, buffalo hump, striae rubrae. Cortisol serum laboratory increased 33.53 µg/dl (Normal range: 3.09 -16.6 µg/dl). Abdominal CT Scan showed a right adrenal mass diameter 10.53 x 6.83 cm, with calcified and necrotized area. Levels of ACTH < 5 pg/ml (Normal range : 6 - 50 pg/ml), absence hypothalamus pituitary defect in brain MRI angiography lead the primary site on adrenal. Patient was given ketoconazole 600 mg daily to treat hypercortisolemia. The patient underwent laparoscopic right adrenalectomy. Preparation of hydrocortisone 100 mg during anesthesia-surgery to prevent occurrence of adrenal crisis. Patient position was LLD, 11mm trocar port with 0, 30 degree optic, 2 port 5mm was used for working element. Harmonic ultrasound shears were used for dissection, hemoLock clip to control vascular. Right subcostal incision was made to remove adrenal gland. EBL 1000 cc, close monitoring in ICU ward. Hydrocortisone was continued 5 days after surgery. Ventilatory support removed in 2 days after surgery. On the fifth day condition stable without signs of adrenal crisis, and the patient sent to elective ward. The pathology report revealed a Cushing adenoma of adrenal gland. On the fifth day after surgical intervention, postoperative cortisol levels at 12 µg/dl. On seventh day, surgical wound healing was well with minimum dose NSAID orally. Striae thinning, gynecomastia, buffalo neck, moon face was reduced. The patient was regularly followed up at Endocrine division, Department of Internal medicine. Moon face has been eliminated, no striae and good mood condition. Blood pressure was 130/ 70 mmHg (without antihypertensive drugs) and cortisol serum was 4.52 µg/dL and independent from steroid medication. Multidisciplinary approach including endocrine treatment, prevention adrenal crisis and laparoscopic adrenalectomy procedure have good results for Cushing's syndrome due to adenoma of adrenal gland.