



Patient O., 34 y.o.

Complaints

September 2009

- Muscle weakness,
- Shooting-pain in thoracic, lumbar spine,
- Decreased height,
- Amenorrhea,
- Arterial hypertension,
- Change in appearance.

Anamnesis

2007

Elevated blood pressure

July 2009

Red striae

August 2009

- Compression fracture of 5-9 thoracic vertebrae
- Increased level of ACTH

Laboratory Tests

Suppression test with dexamethasone 1 mg	1193,5 nmol/l
Urinary free cortisol	950 mkg/24h
Selective petrosal venous sampling	1:1

ACTH-ectopic syndrome

Instrumental studies

MRI brain	Negative
CT torax	Lesion of central mediastinum

Histology

Adipose tissue

October 2010

Octreoscan Negative

6 October

Left-side laparoscopic adrenalectomy

21 October

Right-side laparoscopic adrenalectomy

November 2010

Acute adrenal insufficiency

Patient died

Autopsy

ACTH-ectopic syndrome

Tumor wasn't revealed

CONCLUSIONS

This clinical case demonstrates problems in ACTH-ectopic syndrome diagnostics. It was passed 2 years since first complaints until supposition of Cushing's syndrome, despite of typical clinical signs in this patient. Also, there is no common guideline of ACTH-ectopic syndrome. Lingering search of tumor delayed decision making about two-sided laparoscopic adrenalectomy.

