



A Case of Cushing's Syndrome: Long-Time Before Being Diagnosed Ultimately inspite of abdominoplasty and reduction mammoplasty



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Introduction: Cushing's disease(CD) is rare systemic disease characterized by an endogenous hypercortisolism and it is the most common cause of Cushing's syndrome(CS).CS is encountered more often in women than in men,associated with an increased morbidity and mortality. Hence, early diagnosis and proper management of the condition is crucial. Here,we present a case of CD, who had abdominoplasty and reduction mammoplasty but went undiagnosed long time with correct diagnosis.

Case: A 43-year-old female patient applied to our outpatient clinic, complaining of obesity. Previously she had abdominoplasty and reductive mammoplasty operations for obesity.She had a BMI of 39.43 kg/m². She had such physical features as abdominal striae, moon face and buffalo hump, suggesting CS. Her basal levels of cortisol and ACTH were normal, but there were no suppression with overnight 1 mg and 2-days 2 mg dexamethasone tests. Daily urinary cortisol excretion was high(348 mg/day, ref. range:36-137).Late-night cortisol level was 6.5 mg/dL. With 8-mg dexamethasone, serum cortisol decreased by 50% compared to basal level, suggesting a pituitary source. Then,MRI showed a left-sided pituitary mass, measuring 10 mm. Thereafter, the patient was underwent transphenoidal surgery. Pathological examination of the specimen was compatible with corticotroph adenoma. Three months after operation, the patient's weight decreased 15 kgs,and physical features suggesting CS disappeared significantly.Basal levels of cortisol and ACTH decreased, together with normal responses to suppressive doses of dexamethasone. Also,MRI showed no residual mass in the pituitary and the case ordered to have regular follow-ups.

Conclusion: CS is a systemic disease, manifested with mainly progressive central obesity. Although obesity is so prevalent health problem,the investigation for the presence of underlying CS is generally regarded as not cost-effective and often overlooked. Consequently, its associated obesity may not be improved substantially. Therefore, we may suggest that not all obese patients but having features suggesting CS should be evaluated for the presence of CS.

