

A CASE OF PRIMARY ADRENAL FAILURE DIAGNOSED IN POSTPARTUM PERIOD

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INTRODUCTION

The prevalence of primary adrenal insufficiency (Addison disease; AD) in pregnancy is unknown. Female patients with adrenal insufficiency are usually infertile and once get pregnant are at increased risk for preterm deliveries, Cesarean section and babies with low birth weights. Recognition of AD during pregnancy may be difficult as many of the clinical complaints like weakness, lightheadness, syncope, nausea, vomiting, hyponatremia, and increased pigmentation can also be found in normal pregnancies. Herein, we present a woman with AD recognized at postpartum period.

CASE REPORT

A 32-year-old woman admitted with the complaint of hyperpigmentation throughout her body. She has given birth a healthy -2670 gr boy- at 36 weeks of gestation by vaginal delivery about ten weeks ago before admission. The hyperpigmentation had started at the second trimester. She had no nausea and vomiting during gestation except the first trimester. At physical examination, there was generalized hyperpigmentation of the skin and knuckles, toes, elbows, knees, palmar creases, nail beds, nipples, buccal mucosa and gums. She had a blood pressure of 105\70 mmHg and serum sodium, potassium, chloride and glucose were found to be at normal ranges. Morning serum cortisol was 5.73 $\mu\text{g}/\text{dL}$ with a plasma ACTH of 1250 pg/mL . She did not respond to insulin-hypoglycemia test. Bilateral adrenal enlargement was present on abdominal CT examination. A diagnosis of AD was made and she was started on hydrocortisone therapy. It has been proposed that fetal cortisol production may be protective for the mother from severe adrenal insufficiency until the postpartum period. This may explain why our patient did not suffer an adrenal crisis during pregnancy. Exacerbation of autoimmunity in the postpartum period may be another explanation for our patient.



CONCLUSION

Patients with subclinical adrenal insufficiency at early stages of the AD may present with a rather normal blood pressure and laboratory testing; so hyperpigmentation may be the only symptom in the patient.