

# Adrenal insufficiency revealing pseudotumorale surrenale tuberculosis

S Ait Abderahmane ,M Bensalah, N.Aribi,L Brakni, S.Ouldkablia , Z Kemali

Central Hospital of Army, Algiers, Algeria

## Objectives:

Adrenal tuberculosis was first described by Thomas Addison in 1855, Isolated adrenal tuberculosis is rare and between Represents 1-2% of the etiologies of adrenal masses called Expired incidentalomas. Indeed, adrenal tuberculosis is often asymptomatic, as evidenced by autopsy series reporting an estimated frequency between 5-8%. We report the case of a related Addison's disease is a progressive adrenal tuberculosis which could benefit from exploration and a tomography monitoring on anti tuberculosis treatment.

## Methods:

Patient aged 35 years presented himself to medical emergency with clinical surgical nickname, the diagnosis of adrenal insufficiency decompensation was made. Our patient underwent adequate replacement therapy, with correction of electrolyte disturbances. The etiological investigation concluded in adrenal tuberculosis on the basis of arguments. History of pulmonary tuberculosis treated, melanoderma gradual onset, progressive weight encrypted fall has 16kg in 3 years, TA figures tend to decline, Malaise hypoglycemic with difficulty fasting month of Ramadan., TST positive tuberculin 25mm.La chest X-ray shows pulmonary tuberculosis effects and abdominal CT shows bilateral adrenal hypertrophy presence of multiple nodules that larger situated right 21 mm major axis. After a treatment based TB established for 6 months, a radiological objective control complete disappearance of radiological lesions surrenalien.Un base cortisol is collapsed income 89ng / l.

## Results:

In light of this observation we update on this rare disease.

- 20% of primary adrenal failure are due to tuberculosis (in endemic countries). The frequency of adrenal lesions in patients with tuberculosis may reach 6% in the series. Otopsiques
- The cheesy initial lesion progresses to atrophy and calcification in 1 case 2.
- The BK adrenal reached through the bloodstream.
- The CT appearance of adrenal tuberculosis depends on the chronicity and scalability of the inflammatory process .Thus, in its chronic form, adrenal gland atrophies and becomes calcified reflecting the cure of tuberculosis. This form is often associated with adrenal insufficiency.
- In its acute, progressive form, adrenal tuberculosis results computed tomography, by a pseudo unilateral or bilateral tumor process at irregular contours as is the case of our patient.
- The central caseous necrosis appears as a hypodense zone after administration of contrast material, there is a heterogeneous appearance of mass with an enhancement especially its peripheral wall .
- An adrenal metastasis is indicative of cancer in 5.8% of cases in the series LEE on 1639 patients with cancer of unknown origin; thing that was mentioned then quickly discarded in our patient.

Previously this location tuberculosis was recognized by the presence of calcifications and adrenal atrophy. [8] With CT, one can discover adrenal tuberculosis incidentally during the detection of adrenal mass and especially in the early stages of the disease there adrenal hypertrophy before the dawn hormonal insufficiency .This tumor nickname hypertrophy may be unilateral or bilateral.

According ARCHAMBEAUD-MOUVEROUX the CT findings encountered during adrenal tuberculosis are variable.

Lesions are usually bilateral, as hypertrophy or atrophy. Tumor syndrome may be of homogeneous density and sometimes present after the injection of the contrast medium, multiple small hyper clarity of images evoking a necrotic tumor .More rarely, there is an aspect of fluid collection .

## Conclusions:

Adrenal tuberculosis can be discovered on the occasion of the setting evidence of adrenal mass was the initial phase of bacillary disease, there adrenal hypertrophy before the appearance hormonal insufficiency. The adrenal insufficiency when installed is final despite the healing of the underlying disease. as in our patient.

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