

Dr Sriranganath Akavarapu, Dr N Strickland, Dr Michael Yee.

Department of Endocrinology ,St Marys & Hammersmith Hospital, Imperial collage Healthcare NHS trust ,London

### Introduction

Bilateral Adrenal haemorrhage is a rare potentially life-threatening event that occurs either in traumatic or non traumatic conditions.

Clinical features are non-specific  
Predisposing factors include infection, malignancy and the post-operative state<sup>2</sup>.

We present a rare case report of bilateral adrenal haemorrhage due to Anti-phospholipid antibody syndrome.

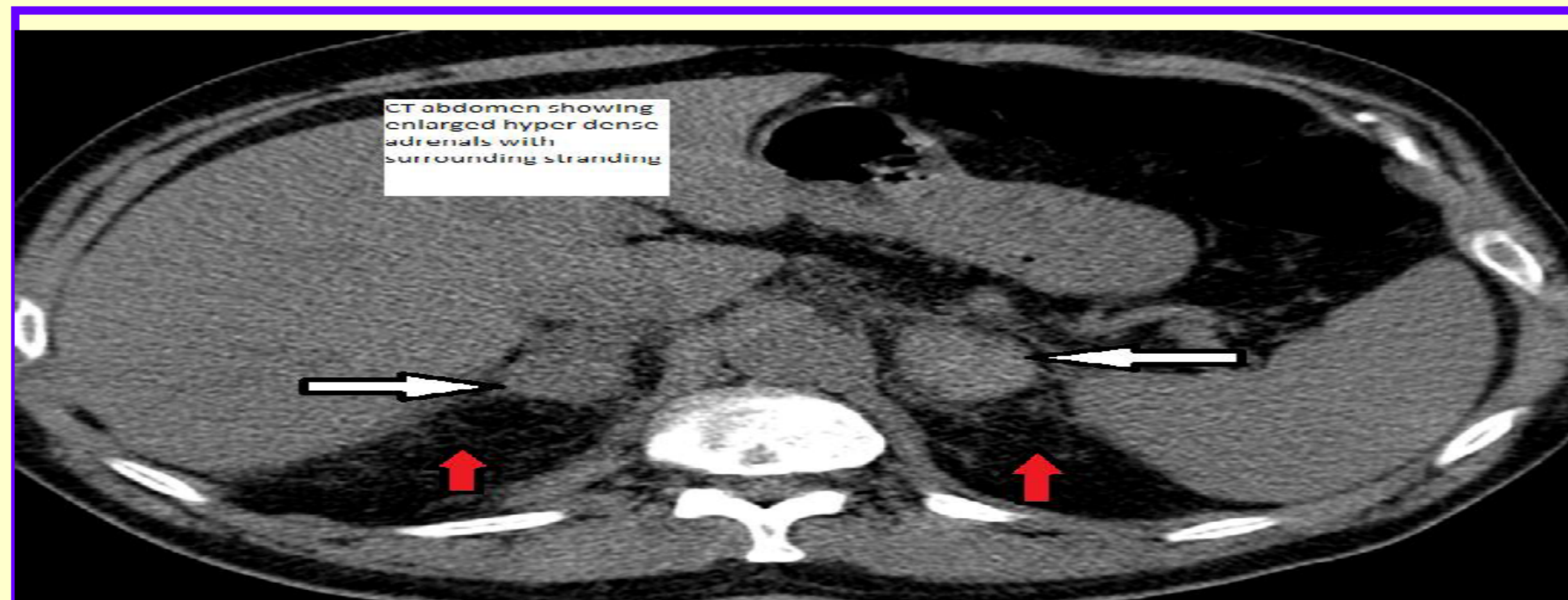
### Case report

54 year old Iranian origin male presented with abdominal pain and collapse.

Past history includes, Transient ischemic attack 3 year ago, unprovoked DVT 6 months ago and off the warfarin recently.

On arrival to accident emergency he was hypotensive and tachycardiac.

On examination severe upper abdominal tenderness is elicited.



CT abdomen showing enlarged hyper dense adrenals upto 40 HU [White arrows] with surrounding fat stranding[Red arrows] indicating Bilateral adrenal haemorrhage

### Results and Management

Random cortisol was low for amount of stress at 54 nmol/l. Blood cultures and septic screening remained negative.

Other blood test results showed prolonged APTT and positive ANA [1:320 ratio].

He was subsequently treated with IV hydrocortisone, Antibiotics, fluids and made a good recovery. He was discharged home with view of outpatient Endocrine and Rheumatology follow up

However he had further admission within 1 week of discharge with chest pain and hypotension due to acute myocardial infarction. Coronary artery angiogram was normal. Further investigation showed Lupus anticoagulant positive raising the possibility of Anti phospholipid antibody syndrome and commenced on warfarin.

The diagnosis of Anti phospholipid antibody syndrome was confirmed after repeat lupus anticoagulant positive at 3 months with satisfactory clinical and biochemical criteria<sup>1</sup>.

### Conclusions

Acute adrenal insufficiency due to bilateral adrenal haemorrhage is a rare manifestation of Anti phospholipid antibody syndrome .

Prompt treatment with steroids needed to achieve favourable outcome.

### References

1] Guidelines on the investigation and management of antiphospholipid syndrome British Journal of Haematology, 2012, 157,

2] Mayo Clin Proc. 1990 May;65(5):664-70.

Adrenal insufficiency from bilateral adrenal hemorrhage.

Siu SC<sup>1</sup>, Kitzman DW, Sheedy PF 2nd, Northcutt RC.

