

Necessity of Thrombophylaxis in Cushing's Syndrome

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OBJECTIVES

Cushing's syndrome (CS) is accompanied by a 10 times increased risk of venous thromboembolism and arterial thrombosis. In this study we aimed to analyze frequency of thromboembolism in CS.

METHODS

We prospectively followed 62 patients who had been diagnosed with CS between 2010 and 2014 in our clinic. Of the patients, 60% had Cushing disease (CD) (29 female, 8 male) and 40% had ACTH-independent CS (20 female, 5 male). Frequencies of arterial and venous thromboembolic events were recorded.

RESULTS

The prevalence of thromboembolic events was 5% in our patient population. Thromboembolism was diagnosed in three patients (2 CD, 1 ectopic CS); one with venous thromboembolism, two with arterial thrombosis (Table 1). Two of them were diagnosed in the postoperative period, but one of them was suspected to have the event before the surgery. Remaining one of the three patients was diagnosed with recurrent pulmonary thromboembolism both before and after surgery for CS.

Table 1: Location and time of thromboembolism in our patient population

Age/Sex	Etiology of CS	Vessel	Thromboembolic event	Time of diagnosis	
				Preoperative period	Postoperative period
45-F	Pituitary adenoma	venous	DVT of lower extremity	-	after 4 months
40-M	Pituitary adenoma	arterial	Subacute thrombosis of external iliac artery	-	after 1 week
42-M	Ectopic	arterial	Fatal PTE	Before 9 months	after 2 weeks

DVT: deep venous thrombosis, PTE: pulmonary thromboembolism

CONCLUSIONS

Thromboembolism may occur before and after surgery in CS. It generally occurs in the first year, especially in the first three months following surgery. It may be venous or arterial in origin. Thus thromboprophylaxis should be administered to patients with active CS before and after the surgery for six months.

