

CLINICAL CASE OF IATROGENIC HYPERCORTISOLISM IN PREGNANT WOMAN WITH ADRENAL INSUFFICIENCY

Volkova N.I., Porksheyan M.I., Kanaeva S.A., Davidenko I.U.
Rostov State Medical University, Rostov-on-Don
Rostov-on-Don, Russian Federation, dim3.rostgmu@gmail.com

Background

Adrenal insufficiency (AI) in pregnant women is difficult to manage because of similarity between clinics of decompensation of AI and gestational toxicosis. Objective difficulty is absence of clinical guidelines of management of pregnant patients with AI.

Clinical case

Pregnant woman, 29y.o. 22 week of gestation. Her complaints were high blood pressure, face edema, hyperglycemia, weight gain. She asked second opinion about established diagnosis and treatment.

Patient anamnesis

Our opinion

| Before pregnancy | |
|----------------------------------|---|
| Diagnosis of AI was established | AI with treatment by supraphysiological doses of hydrocortisone |
| Daily dose: 50 mg hydrocortisone | |

| 6 th week of pregnancy | |
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| She began to complain of fatigue and dizziness | Complaints developed after increased doses |
| Daily dose increased: 100 mg hydrocortisone | |

| 15 th week pregnancy | |
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| Preeclampsia and gestational diabetes were suspected | In the first trimester preeclampsia is not possible to happen. |
| Antihypertensive drugs and insulin were prescribed | |

During our consultation

1. Diagnosis of iatrogenic hypercortisolism was established
2. The dose of hydrocortisone was gradually decreased to **25 mg per day**
3. Insulin, hypotensive drugs were stopped.

Results

Her condition became better in a few days. In one month complaints disappeared.

Conclusions

1. In the first trimester treatment of AI may be difficult because symptoms of AI are seen in pregnancy. It is easy to assign insufficient doses.

2. Clinics of iatrogenic hypercortisolism is similar to preeclampsia, the risk of overdose is high.

3. Because of absence of clinical guidelines, doctors must strictly follow to existing recommendations in order to avoid such mistakes.

