Complaints

September 2009

- Muscle weakness,
- Shooting-pain in thoracic, lumbar spine,
- Decreased height,
- Amenorrhea,
- Arterial hypertension,
- Change in appearance.

Anamnesis

2007

Elevated blood pressure

July 2009

Red striae

August 2009

- Compression fracture of 5-9 thoracic vertebrae
- Increased level of ACTH

Laboratory Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suppression test with dexamethasone 1 mg</td>
<td>1193.5 nmol/l</td>
</tr>
<tr>
<td>Urinary free cortisol</td>
<td>950 mkg/24h</td>
</tr>
<tr>
<td>Selective petrosal venous sampling</td>
<td>1:1</td>
</tr>
</tbody>
</table>

ACTH-ectopic syndrome

Instrumental studies

<table>
<thead>
<tr>
<th>Test</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>MRI brain</td>
<td>Negative</td>
</tr>
<tr>
<td>CT torax</td>
<td>Lesion of central mediastinum</td>
</tr>
</tbody>
</table>

Histology

Adipose tissue

October 2010

Octreoscan

Negative

6 October

Left-side laparoscopic adrenalectomy

21 October

Right-side laparoscopic adrenalectomy

November 2010

Acute adrenal insufficiency

Patient died

Autopsy

ACTH-ectopic syndrome

Tumor wasn’t revealed

CONCLUSIONS

This clinical case demonstrates problems in ACTH-ectopic syndrome diagnostics. It was passed 2 years since first complaints until supposition of Cushing’s syndrome, despite of typical clinical signs in this patient. Also, there is no common guideline of ACTH-ectopic syndrome. Lingering search of tumor delayed decision making about two-sided laparoscopic adrenalectomy.