

allows the anterior pituitary an opportunity to maintain more normal hypothalamic–pituitary–adrenal control mechanisms.

If an organic cause is found, nursing care is related to the treatment regimen. Although a bilateral adrenalectomy permanently solves one condition, it reciprocally produces another syndrome. Before surgery, parents need to be adequately informed of the operative benefits and disadvantages. Postoperative teaching regarding drug replacement is the same as discussed in the previous section.

Nursing Alert

Postoperative complications of adrenalectomy are related to the sudden withdrawal of cortisol. Observe for shocklike symptoms (e.g., hypotension, hyperpyrexia).

Anorexia and nausea and vomiting are common and may be improved with the use of nasogastric decompression. Muscle and joint pain may be severe, requiring use of analgesics. The psychological depression can be profound and may not improve for months. Parents should be aware of the physiologic reasons behind these symptoms in order to be supportive of the child.

Congenital Adrenal Hyperplasia

Congenital adrenal hyperplasia (CAH) is a family of disorders caused by decreased enzyme activity required for cortisol production in the adrenal cortex. The adrenal gland produces excessive amounts of cortisol precursors and androgens to compensate. The most common defect is **21-hydroxylase deficiency**, which constitutes more than 90% of all cases of CAH (Kaye, Committee on Genetics, Accurso F, et al, 2006). This deficiency is an autosomal recessive disorder that results in improper steroid hormone synthesis (Mendes, Vaz Matos, Ribeiro, et al, 2015).

Excessive androgens cause masculinization of the urogenital system at approximately the tenth week of fetal development. The most pronounced abnormalities occur in girls, who are born with varying degrees of ambiguous genitalia. Masculinization of external genitalia causes the clitoris to enlarge so that it appears as a small