

SGIM MA 2022

View Abstract

CONTROL ID: 3790035**TITLE:** Nontypical ectopic ACTH syndrome cause by pneumonia: A case report**AUTHORS (FIRST NAME, LAST NAME):** Shengzhou Wen¹**INSTITUTIONS (ALL):** 1. Clinical Medicine, Fudan University Shanghai Cancer Center, Shanghai, Shanghai, China.**PRESENTATION TYPE:** Clinical Vignettes**PRIMARY CATEGORY:** Endocrinology and Metabolism**ABSTRACT BODY:****Learning Objective 1:** Recognize the nontypical cause of ectopic ACTH syndrome**Learning Objective 2:** Diagnosis the nontypical cause of ectopic ACTH syndrome by examination & HPI

Case: A 70-year-old patient presented with edema of the face and lower extremities, full moon face and buffalo hump. Biochemical manifestations include severe hypokalemia, hyperACTHemia, and hypercortisolemia. At the same time, the patient had pneumonia and diabetes. The patient was diagnosed as "pneumonitis, diabetes, ectopic ACTH syndrome" after admission. Dexamethasone suppression test, pituitary MR and adrenal CT all support the diagnosis of ectopic ACTH syndrome. Pulmonary CT showed that there was lung space occupying, but the lung tumor markers did not increase, and PET detection showed that the lung space occupying was inflammation (and no other tumors were found). This result was confirmed after the follow-up anti-inflammatory treatment and the lung CT reexamination showed that the space occupancy was reduced, and the source of ectopic ACTH secretion was not clear so far. After pneumonia was controlled, the high-dose dexamethasone suppression test could effectively suppress 24-hour urinary cortisol, suggesting that hypercortisolemia may be caused by Cushing's disease, but blood sampling from the inferior petrosal sinus failed to confirm the inference. Finally, after pneumonia was controlled, the patient's ACTH and cortisol levels returned to normal. The low-dose dexamethasone overnight suppression was repeated and showed that cortisol was suppressed; edema improved at discharge. Serum potassium was normal, and diabetes management was reduced from initial insulin therapy to oral drug control.

Discussion: Pneumonia may lead to nontypical transient ectopic ACTH syndrome. Conventional methods including dexamethasone suppression test, adrenal CT and pituitary MR cannot be used to differentiate it from classic ectopic ACTH syndrome. In the inflammatory state, the occurrence of ectopic ACTH syndrome needs to be more cautious, and the diagnostic value of dexamethasone suppression test needs to be more objectively and comprehensively evaluated.

AWARDS: Future GIM Scholars Program

Essay Prompt - Clinical Vignettes: I want to attend the virtual Mid-Atlantic SGIM meeting, because I want to meet more fellows who share the same interest as me. And there is no platform that is better than this. And since this meeting is virtual, it is very convenient for me to attend it wherever I am. I'm really looking forward to get involved.

Accuracy: I affirm**Policy Verification:** I affirm**Trainee or Faculty:** Trainee/Student - \$15**SGIM MEMBERSHIP STATUS (VIGNETTES):**

Shengzhou Wen : Non-Member - Medical Student

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