

Fluconazole as a Viable Long-Term Alternative to Ketoconazole in Controlling HYpercortisolism of Recurrent Cushing's Disease

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Ketoconazole has been a first-line agent for controlling hypercortisolism in Cushing's Disease, however of late it is not widely available. As a result fluconazole has been roped in as a viable alternative in view of its favourable safety profile.

A 50-year-old lady, developed recurrence of Cushing's Disease after being in remission following transsphenoidal surgery(TSS) for a left pituitary microadenoma 16 years prior. Repeat MRI showed a right pituitary microadenoma (1.7mmx1.3mm). She subsequently underwent a second TSS. However, she continued to have persistent hypercortisolism despite repeated MRIs showing absence of tumor recurrence. She refused bilateral adrenalectomy and radiotherapy. Ketoconazole was commenced at 200mg BID for disease control however this was hindered by intolerable side effects including pruritus and skin exfoliation. As a result, her disease continued unabated and she suffered a right basal ganglia hypertensive bleed. Treatment was subsequently switched to cabergoline and titrated to 0.5mg daily. Fluconazole 400mg daily was later added due to persistent disease. Her clinical and biochemical parameters improved markedly three months after the addition of fluconazole. No adverse event was reported. Her disease has remained stable for the last 15 months up to the time of the recent clinic review.

To our knowledge, this is the first case demonstrating prolonged efficacy of fluconazole in tandem with cabergoline for the control of recurrent Cushing's Disease.