

中文題目：假性庫欣氏症候群：案例報告

英文題目：Pseudo-Cushing's Syndrome: A Case Report

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Case presentation:

A 26-year-old woman from Dominican republic had the past history of polycystic ovarian cyst under regular ultrasound follow up. She presented to the Endocrinology outpatient department with hand hand shaking for months and weight gain more than 30 kg in 7 years since 2013. A series of laboratory examinations was collected. Morning cortisol (17.6 mcg/dl) and ACTH (24.9 mcg/dl) as well as urine free cortisol (142.5 mcg/day) was within the normal range, but 1mg DST disclosed non-suppressible results (cortisol = 3.8 mcg/dl; ACTH = 14.0 mcg/dl). Image study including abdominal CT, chest CT and brain MRI all revealed normal results. Therefore, the patient was arranged admission for further survey. On admission, the patient's body weight was 87.6 kg, her body height was 167.6 cm, and her BMI was 31.186 kg/cm². Physical examination disclosed no facial plethora, no purple striae and no moon face. Baseline ACTH/Cortisol and 24 hrs-urine free cortisol just showed one mildly elevated morning ACTH (55.3 pg/ml). The result of overnight 1mg DST was suppressible (0.5 mcg/dl). CRH test was compatible with Cushing's disease, but DDAVP test was not. Due to the inconsistent results, Dexamethasone-CRH test was performed for further differentiation, and showed suppressible result. Thus, pseudo-Cushing syndrome (formally named as physiologic/non-neoplastic hypercortisolism) was confirmed. The final diagnosis was pseudo-Cushing syndrome, probably associated with obesity and polycystic ovary.

Conclusion:

Several clinical situation and medical disorder, e.g. alcoholism, obesity, PCOS, renal failure, poorly controlled diabetes and severe neuropsychiatric disorders, can stimulate the HPA axis and cause hypercortisolism, mimicking clinical and biochemical characteristics of Cushing's syndrome. These states of physiologic or non-neoplastic hypercortisolism is also called as pseudo-Cushing's syndrome. To distinguish between physiologic and pathologic Cushing's syndrome, secondary tests such as dexamethasone-CRH test can provide useful evidence like our case. It is important to differentiate physiologic or non-neoplastic hypercortisolism from pathological Cushing's syndrome.

Abbreviations: DST = dexamethasone suppression test, CT = Computed Tomography, MRI = magnetic resonance imaging, PCOS = polycystic ovary syndrome, HPA axis = hypothalamic-pituitary-adrenal axis

Keywords: Pseudo-Cushing's syndrome, physiologic or non-neoplastic hypercortisolism, dexamethasone-CRH test