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A rare case of adrenocortical insufficiency with unusual presentation

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Background

Adrenal crisis is a medical emergency and its classical features include nausea, vomiting, abdominal pain, hypoglycemia, seizures, and hypovolemic shock.

Objective

To present a case of adrenocortical insufficiency with unusual presentation.

Case report

A 3 year old child, referred with recurrent severe vomiting, acidosis, dehydration, constipation and shock associated with febrile illnesses. She was admitted to different intensive care units since the age of 6 months, and in two occasions she was given insulin this dated back since 6 months old. Checked, in Turkey and Lebanon without a definite diagnosis. Physical examination was normal, investigated for adrenocortical function and diabetes. During that she admitted to our hospital with sever relapse. Urgent laboratory tests were sent.

Results

during the attack: blood sugar was 20 mg/dl with severe metabolic acidosis then had hyponatremia, hyperkalemia, HbA1c and C-peptide were normal before the attack: blood sugar normal, 17-OH-progesterone high, serum cortisol lower normal values, ACTH high.

Discussion

From the above findings the diagnosis was coincided with an acute adrenal crisis. Rarely, salt loss was first noted in the early childhood, usually at the time of major infection, these patients have a degree of deficiency that intermediate between simple virilizing and salt wasting forms of 21 hydroxylase deficiency. She managed as adrenal crisis and discharged on steroid replacement therapy, with good outcome, free of relapses.

Conclusion

Management of pediatric endocrine disorders and diabetes requires a multidisciplinary approach to enable appropriate management and to prevent errors as seen in this case.