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CLINICAL CASE: ADDISON'S CRISIS IN 9 Y.O. BOY

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9 y.o. boy, was admitted to the hospital with complaints at fatigue, weakness, lethargy, consciousnessless, repeated vomiting, weight loss, absent appetite, skin hyperpigmentation. He was born from the first normal pregnancy, at 40 weeks. The boy was assessed by cardiologist, gastroenterologist, neurologist, dermatologist and other specialists for several times, but has never been seen by endocrinologist.

Objectively: diffuse skin hyperpigmentation, lower blood pressure < 90/60 mm Hg, muffled heart sounds, a tendency to constipation.

Laboratory: hyperkalemia (5,54 mmol/l), hyponatremia (118,4 mmol/l), a low morning cortisol (1.9 nmol/l at normal 6,4-21,0 nmol / L), high ACTH (72.28 pg / ml in normal 7,2-63,3 pg / ml). Ultrasound: right adrenal gland is reduced insides, high echogenity with a lubricated layers' structure, left adrenal is absent.

Based on clinical and laboratory findings the problem is: Severe chronic adrenal insufficiency due to congenital abnormality; Addison's crisis. Therapy: glucocorticoids - up to 9 mg/m²/24h. Mineralocorticoids - 0.05 mg/m²/24h.

Summary.

Endocrine system is the regulative one in human organism and it's injury leads to destroying of the function of different organ. That is why all patients with a multiple organ disorders must be examined by endocrinologists for the exclusion hormonal/metabolic cause of problem and starts an early intervention if it necessary.