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UNUSUAL PRESENTATION OF CUSHING'S SYNDROME

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Introduction

The relationship between endocrinology and psychiatry has attracted a good deal of attention of health professionals for obvious reasons. Endocrine disorders may some time be accompanied by prominent mental abnormalities. In most of the cases psychiatric abnormalities follows the manifestation of endocrine disorder though occassionally, individuals react in such a way that psychiatric manifestation gain prior attention and the endocrine disturbance goes unnoticed.

Among patients reported from general hospitals, psychiatric disturbances has been found in more than 50% of cases (Michael and Gibbons 1963) of Cushing's Syndrome. The severe psychosis accompanying Cushing's Syndrome are mostly depressive in nature (15% – 20%) (Michael and Gibbons 1963). The chief diagnostic hazard lies with those patients who develop psychiatric features early in the illness. These may dominate the picture to such an extent that the endocrine disorder goes unnoticed. Reports in the literature are scanty. Two of Spillane's (1951) patients were apparently psychotic from the onset, long before the physical changes were sufficiently marked to suggest Cushing's disease. Recently we have come across a similar case in our O.P.D.

Case Report

History obtained from patient Miss S. B... aged 25 years and her elder brother revealed that 2 years ago she gradually became apprehensive, restless, worried a lot about little things. Within 2 weeks she became very sad, weepy, at times expressed the idea of suicide along with hopelessness, helplessness, worthlessness. She became agitative, insomaniac and lost her appetite. For the first time she had to consult a private psychiatrist in his chamber in the year 1982. From the clinical notes on prescriptions it was evident that she was diagnosed clinically as suffering from depression without any stigmata of Cushing's Syndrome with blood pressure 110/80 mm. of Hg. and pulse 80/m. regular. She was put on tricyclic anti-depressant amitriptyline with a daily dosage range of 150 mg. to 200 mg. She was also given six E.C.T. in the year 1983. She continued to take anti-depressant without much improvement for 2 years. During this period she did not consume any drug like ACTH, Cortisol, or Steroids of any nature. In 1984, she came to the Psychiatric O.P.D. of Calcutta National Medical College and Hospital with the intention of having a second opinion about her problem. During

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examination it was found that she had gradually gained in weight, truncal obesity, moon facies, buffalo hump, wasting of the limbs, purple striae on the trunk, hirsutism and acne, amenorrhoea since six months. In mental state examination she was diagnosed as suffering from agitative depression and was admitted in the hospital. She was referred to an endocrinologist of IPGMER, Calcutta and after extensive investigation was diagnosed as suffering from Cushing's Syndrome. She was put to irradiation therapy of pituitary in the first half of 1985. During this period she continued anti-depressive therapy and improved gradually.

Investigation:

Pulse – 100/m, B.P. – 140/110 mm. of Hg.

Blood:

Hb – 14.4%, T.C. – 6,500/cu.mm, N – 60%, L – 34%, E – 4%, M – 2, P.C.V. – 44%.

Sugar (Fasting): 50 mg%, Urea – 22 mg%, Creatinine – 0.6 mg%, Na^+ – 141 meq/lit, K^+ – 4.90 meq/lit, Testosterone – 2.8 ng/ml, Testosterone free – 5.0 ng/ml, F.S.H – 1.2 mIU/ml.

Basal Plasma Cortisol:

695 m mol/lit (8 A.M)

175 m mol/lit (4 P.M)

Dexamethasone Suppression Test:

a) Low dose (4 mg) – 595 m mol/lit(8 A.M)

b) High dose(8 mg) – 230m mol/lit(8 A.M)

24 hrs. Urinary 17 – Ketosterioid – 26 mg. Skiagram Chest and Skull – N.A.D. I.V.P. – N.A.D.

Perirenal Air Insufflation Test – N.A.D. Ultrasonogram – Adrenals not visualised. C. T. Scan – N.A.D.

Discussion

Although some psychiatric patients may have a disorder of hypothalamic pituitary adrenal (H-P-A) function equal in character and severity to that noted in minor cases of Cushing's disease, it is generally accepted that such patients do not show cushingoid stigmata (Reus and Miner 1985). In this case florid features of Cushing's Syndrome were well developed although they appeared after the development of psychiatric disorder. So, it can be concluded here that this is an unusual presentation of Cushing's Syndrome.

References

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