

WHERE IS THE CAUSE?

VILNIUS UNIVERSITY HOSPITAL SANTARIŠKIŲ CLINICS

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50 YEAR-OLD WOMAN

- SYMPTOMS:
- Rapid tiredness
- Obstipation/diarrhea
- Sleep disorder
- Rapid heart beating
- High BP (< 220/120mmHg), head ache and vertigo episodes

50 YEAR OLD WOMAN. EXAMINATION IN 2010

Neurology
department
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- Intracranial hypertension. Bilateral papilledema.
- Brain MRI: no lesions.

Nephrology
dept.

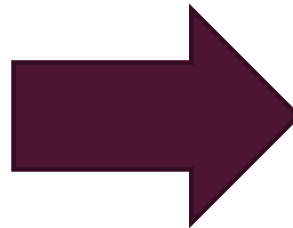
- Renal hypertension was excluded – no significant stenosis in renal arteries.

Neurosurgery
dept.

- Head and neck CT with angiography – any changes were found.

WORKUP

	2011-01	2011-11
ALDOSTERONE (N 10-160ng/)	1015,5	>1500
CORTISOLE (nmol/l, <536)	756,7	880
ACTH (ng/l, <46)		28,0
RENIN (N 1,6-14,7ng/l)		6,4
POTASSIUM		4,3
PROLACTINE (mU/l, 108-557)		722
TTH (mU/l,, 0.4- 4.0))		3,66



	2011-11
ABDOMEN CT scan	No adrenal changes
BRAIN MRI angiography	Frontal meningioma. No pituitary alterations.
Thyroid node biopsy	No malignant cells.

WORKUP

	2012	2013
ALDOSTERONE (N 10-160ng/l)	895,5	1578
CORTISOLE (nmol/l, <536)	593	1153
ACTH (ng/l, <46)	29,8	30,5
TTH (mU/l, 0.4- 4.0)	2,4	2,45
PROLACTINE (mU/l, 108-557)	791	533



	2012		2013
BODY SOMATOSTATIN ANALOGUE SCINTIGRAPHY	No pathological findings	PET	Only functional activity between aorta & pancreas
SALINE INFUSION TEST	Can not exclude/ confirm PA		
SCINTIGRAPHY WITH MIBG	No evidence of PHEO/ paraganglioma		

MULTIDISCIPLINARY COMMISSION

- FUNCTIONAL HORMONAL FINDINGS WITHOUT A LOCALISED TUMOR.



WORK UP

	2014	2015	2016
ALDOSTERONE (N 10-160ng/l)	1017	1935	
CORTISOLE (nmol/l, <536)	1100	890	
CHROMOGRANIN E A (N <100ng/ml)	63	560,6	126,8
CALCITONINE (N <7,8 ng/l)		8,5	
THYROGLOBULINE (N 1,6 – 60,3mg)		22,53	

	2016
LOW DOSE (1 MG) DEXAMETHASONE SUPPRESSION TEST	CORTISOL SUPPRESION 80nmol/l – normal result
ADRENAL VENOUS SAMPLING	BILATERAL ALDOSTERONE HYPERSECRETION

AT THE MOMENT

- UNSPECIFIED ORIGIN HYPERALDOSTERONISM AND HYPERCORTISOLISM
- TREATMENT OF SYMPTOMS: HYPERTENSION (Spironolactone, Verapamili/Trandolapriili).
- REPEAT ADRENAL CT EVERY 3-4 YEARS.

THANK YOU FOR YOUR ATTENTION

What about yours experience? Any similar cases?