

Cushing's syndrome at a glance

Epidemiology

Prevalence:
10/1 000 000
Age: most common in
25–45 year olds
Sex: pituitary Cushing's:
female predominance
ectopic Cushing's:
male predominance

General

Hirsutism
Thin skin
Easy bruising
Poor wound
healing

Causes

Anterior pituitary
adenoma
Ectopic ACTH
secreting tumour
Adrenal, adenoma/
carcinoma

Neuropsychiatric

Depression
Psychosis

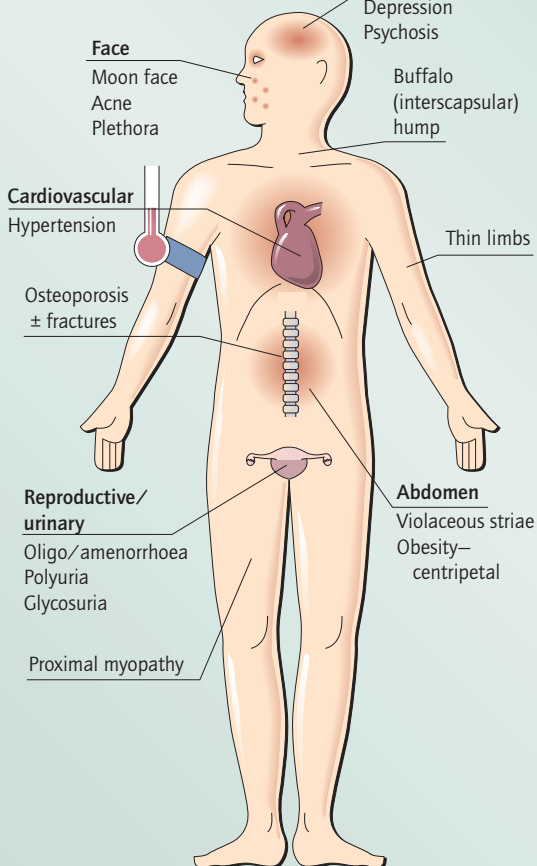


Fig. A Buffalo hump.



Fig. B Truncal obesity with abdominal striae.



Fig. C Abdominal striae.

Investigations

Biochemistry
Urinary free cortisol
increased
Diurnal rhythm of cortisol:
absent
Plasma glucose: increased
Plasma potassium:
decreased
Low dose Dex: plasma
cortisol not suppressed
ACTH; high-dose Dex;
CRF test: to establish cause
Haematology: FBC:
polycythaemia, neutrophilia
Imaging: pituitary MRI,
adrenal CT, petrosal sinus
sampling, lung CT

Treatment options

- Drug treatment metyrapone
- Surgery—pituitary Cushing's:
Transsphenoidal resection
- Adrenal Cushing's:
adrenalectomy
- Ectopic Cushing's:
bilateral adrenalectomy,
removal of ACTH-
secreting tumour
- Radiotherapy—adjunct to surgery