

ID/CC	A 37-year-old female is admitted to the internal medicine ward for evaluation of increasing weakness and intermittent episodes of dizziness, nausea, and vomiting related to stress and exercise.
HPI	She is a vegetarian, takes no drugs or medications, and does not drink alcohol or smoke cigarettes. She reports an excessive craving for salty foods such as chips and salted peanuts.
PE	VS: tachycardia (HR 110); hypotension (BP 90/65). PE: thin with dry mucous membranes; pigmentation of buccal mucosa and palms of hands ; no neck masses; chest auscultation normal; no abdominal masses; no hepatosplenomegaly; no lymphadenopathy.
Labs	CBC: normal. Lytes: hyponatremia; hyperkalemia. Glucose low; increased BUN with normal creatinine ; amylase and LFTs normal; high ACTH ; low cortisol ; rapid ACTH stimulation test reveals failure of cortisol to rise above baseline.
Treatment	Glucocorticoid and mineralocorticoid hormones. Hydrocortisone on an emergent basis.
Discussion	Primary hypoadrenalism (ADDISON'S DISEASE) may be caused by auto-immune mechanisms , tuberculous infection, or sudden discontinuation of chronic steroid administration. Secondary hypoadrenalism is due to abnormalities of hypothalamic-pituitary function.