

Letter to the Editor

[The Editor is not responsible for the views expressed by the correspondents]

Impending Adrenal Crisis in Exogenous Cushing Following Cam Use

SIR, — Exogenous administration of glucocorticoids is one of the common causes of Cushing syndrome¹. The term Cushing's syndrome is used to describe all causes of Glucocorticoid excess whereas the term Cushing's disease is particularly reserved for pituitary dependent Cushing's syndrome³. In many scenarios, glucocorticoid has been found as an adulterant in various complementary and alternative medicines. Thus in practice it is very much essential for clinicians to enquire about history of CAM use as a part of comprehensive patient care. We report a case of 48year old female presented with facial puffiness after use of CAM.

A 48 years old female (Fig 1), with puffiness of face, presented to our OPD with extreme weakness. Her weight is 69 kgs with a BMI of 30.7kg/m². We noticed her face to be hirsute (Ferriman-Gallwey Score >8) along with easy bruisability. She reported frequent panic symptoms which prompted her to take some unidentified CAM for around last 5-6 years. Further, when we saw her, she appeared extremely weak with coarse tremors and a BP of 100/60mmhg. Her family members noted that she has increased appetite which was associated with weight gain of 10kgs in last 1year. Examination did not reveal buffalo hump or purple striae. Her cortisol after withdrawing CAM for around 1 week was 0.7 (4.3-22.4) and ACTH was 5.52 (10-46). With this, we arrived at a conclusion that, this lady was suffering from Exogenous Cushing subsequent to surreptitious steroid exposure in the form of unidentified CAM.

Chronic exposure to excess glucocorticoids leads to development of Cushing's Syndrome¹. Most of times, the cause of Cushing's syndrome was iatrogenic, from administration of exogenous glucocorticoids. There are also other causes of Cushing's syndrome including excess ACTH production usually by pituitary adenoma (Cushing's disease) or by ectopic ACTH secretion like lung carcinoma (small cell). It can also result from excess glucocorticoid secretion by adrenal mass like adenoma or carcinoma^{1,2}. There were several reported cases of Cushing's syndrome caused by traditional Chinese medicine use in the treatment of gout⁴ and most of the Malaysians⁵ use CAM for treatment of chronic diseases. Among Indian traditional medicine practioners of homeopathy, Ayurveda, siddha, there is rampant usage of unknown component in their medicines. We want to enlighten all physicians that CAM may contain steroids and we must be alive to this condition when patients present to us with so called moon-facies.



Fig 1 — Patient Showing Features of Facial Puffiness

Table 1 — Lab Parameters			
Lab Parameters	Value	Lab Parameters	Value
HB	10.4	Urea	53.5
TLC	14200	Creatinine	0.61
Platelet	2.36	FSH	46.75(25.8-134.8)
HBA1C	5.9	LH	38.23 (7.7-58.5)
FBS	145	ACTH	5.52(10-46)
PPBS	171	Prolactin	2.36(4.79-23.3)
TSH	1.78	Serum 8am	
FT4	1.130	Cortisol	0.7(4.3-22.4)

REFERENCES

- Orth DN — Cushing Syndrome. *N Engl J Med* 1995; **332**(12): 791-803.
- Boscaro M, Barzon L, Fallo F — Cushing's syndrome. *Lancet* 2001; **357**(9258): 783-91.
- Willams Textbook of Endocrinology 14thed, Vol 1, Chapter 15: Adrenal Cortex, P-498.
- Edwards CJ, Lian TY, Chng HH — Cushing's syndrome caused by treatment of gout with traditional Chinese medicine. *QJM* 2002; **95**(10): 705.
- Mahmud SZ, S Mohamed AF, Tahir A — Pattern of traditional and complimentary medicine utilization by Malaysian Public. 2005 Nov 22-23; 21st Annual Seminar of Natural Products Society.

Department of General Medicine,
KPC Medical College & Hospital,
Kolkata 700032
¹MBBS, Postgraduate Resident
²MD, Professor

Mainak Mandal¹
Abhishek Chanda¹
Nirmalya Roy²