

中文題目：偶見瘤診斷為自主可體松過度分泌，非臨床常見病理表現：病例報告

英文題目：Incidentaloma diagnosed with autonomous cortisol secretion, with uncommon pathological finding:

A Case Report

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Introduction

Autonomous Cortisol Secretion(ACS), is a disease with hypercortisolism, without prominent clinical feature of Cushing's syndrome, which may cause variety of co-morbidity such as type 2 diabetes mellitus, poor control hypertension, osteoporosis, obesity. Accordingly, there existed controversy in whether adopting surgical resection as an optimal therapeutic choice especially in those with defined possible autonomous cortisol secretion according to 2016 ESE/ESNAT guideline. Patient's therapeutic strategy needs to be individualized based on efficacy and benefit.

Methods

A 69 year old female with underlying disease of type 2 diabetes mellitus for 14 years under controlled with oral hypoglycemic agents with average HbA1c 7%, hypertension, dyslipidemia. She was incidentally found to have a 1.5 cm diameter tumor over left adrenal gland by abdominal non contrast computered tomography on 2019/02/25. Physical examinations showed no clinical features of hypercortisolism related abnormality such as moon facies, buffalo humps, purple striae, and thin skin. Functional assessment of hormonal secretion was made as shown autonomous cortisol secretion.

Results

The patient underwent left laparoscopic adrenalectomy at 2019/12/18.2 solitary nodules, a golden yellow and a dark brown pigmented one were found on the left adrenal gland. Pathological report showed unilateral ACTH independent macronodular hyperplasia, which is less common and rare to see based on current known prevalence collected according to 2016 ESE/ESNAT guideline. Post-operatively, her hypoglycemic agents and hypertensives agents were tapered. Better blood glucose control with lowering AC glucose 92mg/dl, PC glucose 152mg/dl, and HbA1c 4.5% in contrast each counterpart with 184mg/dl, 326mg/dl, 9.3% at 2019/12/7 before operation.

Conclusion

Our cases repeatedly prove the efficacy of blood glucose control by surgical adrenalectomy in autonomous cortisol secretion patient, compatible with current therapeutic guideline, which implicate that most type 2 diabetes mellitus cases with poor control of blood glucose, autonomous cortisol secretion might be taken into consideration. There's fewer pathological feature presented with unilateral macronodular hyperplasia, diagnosed with autonomous cortisol secretion, which needs further evidence and investigation.

Keyword:

autonomous cortisol secretion, unilateral adrenocorticotropin independent macronodular adrenocortical hyperplasia