

Clinical Image

Secondary Adrenal Insufficiency in Psoriasis

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Abstract

A 40-year-old male with chronic plaque psoriasis developed symptoms of secondary adrenal insufficiency due to long-term use of steroids. He presented with facial puffiness, increased abdominal fat deposition, and other signs of steroid excess. Glucocorticoid replacement therapy was initiated based on body surface area, requiring careful monitoring to maintain cortisol levels and prevent excessive exposure to glucocorticoids.

Keywords: Psoriasis; Secondary adrenal insufficiency; Glucocorticoid

Case Summary

A 40-year-old male with chronic plaque psoriasis who has been using long-term systemic and topical steroid therapy presented with symptoms of facial puffiness, increased abdominal fat deposition, easy bruising, and progressively increasing red-dish marks over the abdomen. On examination, he had a waist circumference of 120cm, hip circumference of 100cm, and a waist-hip ratio of 1.2. He had a moon face with facial plethora (Panel A), thin skin, and violaceous striae over the anterior abdominal wall (Panel B) with the largest diameter of 4cm (Panel C). The morning cortisol level was 0.0ug/dl, suggesting adrenal suppression due to the chronic use of exogenous steroids. This secondary adrenal insufficiency occurs when the body's natural production of cortisol is suppressed by the long-term use of steroids, leading to a decreased ability to respond to stress.

To manage this condition, the patient has been started on physiological glucocorticoid replacement therapy. The recommended starting dose for glucocorticoid replacement in adults is generally 15-25mg hydrocortisone (cortisol) per day. However, in this case, the dosage has been specified as 8mg/m² of body surface area. The precise dosage is determined based on the patient's body surface area, which helps to individualise the treatment.

It's important to monitor the patient closely during glucocorticoid replacement therapy to ensure an adequate cortisol level is maintained without excessive glucocorticoid exposure. Regular follow-up appointments and monitoring of cortisol levels and clinical symptoms are necessary to adjust the dosage if needed.



Figure 1: