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Case Report on Drug Induced Cushing Syndrome

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ABSTRACT

Corticoids are 21 carbon compounds having cyclopentanohydrophenanthrene nucleus. They are synthesised in adrenal Cortisol cells in the cholesterol. Corticoids are given exogenously to regulate various body functions like in the maintainenece of fluid electrolyte balance, cardiovascular and energy substrate homeostasis and functional status of skeletal muscles and nervous system.They help withstand body with the outside stimuli and noxious particles and stress during a diseased state. They mimic the action of the body's Natural hormone Cortisol

Taking too much of exogenous Cortisol when given in medication form of gluco-corticosteriod leads to exogenous Cushing syndrome. A condition that occurs from the exposure to high Cortisol levels for a longer period of time. Symptoms of Cushing Syndrome include: Moon face, Slow growth rate in children, Weight gain in fat accumulation, Skin Infection, Thin skin with easy bruising. Lab test conducted to Verify Cushing Syndrome are: Blood Cortisol Levels, Blood sugar levels, Dexamethasone suppression test, 24hr urine Cortisol and Creatinine levels, ACTH stimulation test.

OBJECTIVE: To describe a case of Drug induced Cushing syndrome in a 40 year old female patient who was on the treatment of skin rashes under methyl prednisolone continuously for a period of one month.

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METHODOLOGY:

A 40 year old female patient was admitted in the female medical ward with complaints of sleeplessness, bruised skin, generalised body weakness, maroon colouration of skin, vomiting and fever. Patient was also k/c/o HTN since one month and was on T.telma A 0-0-1Patient was also a k/c/o T2DM Since one month and was on T.metformin 0-0-1(500mg).Patient was on the tablet Predace (methyl prednisolone) for month which was prescribed to her for skin allergy at a dose of 16mg 1-0-1(first day) followed by 16mg once daily for the rest of the month. After being admitted the Patient was identified to be having Moon face, Lesions on skin, violaecous macules, non pruritic, non scagly. Present over both arms and legs Cortisol serum levels where found to be : between 7am and 9am=7.50ug/dl and between 3pm and 5pm=1.94ug/dl Patient was found to be obese with BMI of 27.7kg/m2 The Patient was then diagnosed with drug induced Cushing Syndrome. In the hospital the patient was treated with antihypertensive, antidiabetic, hydrazine, topical body lotion, painkiller, and metoclopropamide and ondanasetron and syrup of dextomethorphan hydrobromide, hydrocortisone and alprazolam. The above treatment was given to the patient for 5 days for symptomatic relief and was not treated with exogenous corticosteroids. On the 6th day of the patient being admitted the doctor prescribed tab.alprax 0.25mg and T.Hydrocortisone once a day.

PHARMACIST INTERVENTION:

Predace consists of methylprednisolone

The dose given should be started with the lowest possible amount of 4mg and then tapered gradually over a period of time for the best results .If given at a very high dose it should be given weekly once .Corticosteroids should not be given before sleep because the body synthesizes corticoids during sleep time and hence it may cause increased levels of corticoids in body. During corticosteroid treatment administration of lowest effective dose for the shortest period of time should be given. In case of an ADR or drug toxicity the dosage of the drug should be first reduced or replaced with a drug with identical action. Corticosteroids should not be abruptly stopped. Should always be stopped by tapering the dose. Drugs that have similar action as that of methylprednisolone include Prednisone, Dexamethasone and hydrocortisone. Minimum dose: Prednisone: 2.5mg, Dexamethasone: 0.5 mg Hydrocortisone: 15mg/day

Conclusion:

To avoid exogenous Cushing Syndrome corticosteroids should be given at the lowest possible dose and dose are tapered regulary.

Reference:

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