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## ACUTE PRESENTATION OF CUSHING'S DISEASE WITH REFRACTORY HYPOKALEMIA PITUITARY MACROADENOMA ON MRI

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**A** 68 year old female with known history of hypertension and recent onset Type 2 Diabetes Mellitus requiring Insulin therapy, was referred for cellulitis of hand/forearm which did not respond to Intravenous antibiotics. She subsequently developed an abscess in this region which was successfully drained. Following the surgery she developed hypokalaemia in the range of 1.9-2.8 mmol/L which was refractory to treatment. Her serum magnesium was normal. She was Hypertensive with systolic Blood pressure around the 150 mark. On examination, she had central obesity and proximal myopathy with thin and easily bruisable skin of recent onset. Striae noted in the abdomen. Her 24 hour urinary free cortisol was found to be grossly elevated at 4626 nmol/24 hour. ACTH was 154 ng/L. Urinary potassium was 70mmol/L. A CT thorax, abdomen and pelvis excluded an ectopic ACTH secreting source. MRI of her pituitary gland revealed a macroadenoma invading the right cavernous sinus and protruding into the right sphenoid sinus. the pituitary was

operated on. Postoperative 24 hour urinary free cortisol fell to 107 nmol/24 hour, ACTH level to 18 ng/L, serum cortisol level of 206nmol/L with the normalization of the potassium level. The Histology of the pituitary mass revealed an adenoma with ACTH and GH expression. Surgery in this case led to improvement in blood pressure and glycaemic control together with complete resolution of hypokalaemia. Cortisol excess due to Cushing's disease should be considered in the investigation of patients with refractory hypokalaemia in a suggestive clinical context.

### Biography

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