

RACOLLECTION OF A CLINICAL CASE OF ACUTE ADRENAL INSUFFICIENCY IN A YOUNG PATIENT DUE TO PULMONARY TUBERCULOSIS

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ABSTRACT

Acute adrenal insufficiency (AIF) is an urgent condition caused by a sudden and/or significant decrease in the functional reserves of the adrenal cortex. SCI is quite rare - 2-3% among severely ill patients in intensive care units. ACI can develop in patients with previously undiagnosed primary chronic adrenal insufficiency (CAI) when exposed to severe stress (trauma, surgery, blood loss) and often ends in death. Chronic primary adrenal insufficiency (PAI) was first coined by Addison and is, therefore, termed Addison's disease [1]. The prevalence rate of Addison's disease in western countries is 82–144 cases per million people [2].

Keywords: tuberculosis, hypoplasia, hyperpigmentation, hyperkalemia, hyponatremia.

INTRODUCTION

Acute adrenal insufficiency (AIF) is an urgent condition caused by a sudden and/or significant decrease in the functional reserves of the adrenal cortex. SCI is quite rare - 2-3% among severely ill patients in intensive care units. ACI can develop in patients with previously undiagnosed primary chronic adrenal insufficiency (CAI) when exposed to severe stress (trauma, surgery, blood loss) and often ends in death. Chronic primary adrenal insufficiency (PAI) was first coined by Addison and is, therefore, termed Addison's disease [1]. The prevalence rate of Addison's disease in western countries is 82–144 cases per million people [2]. Addison's disease has an unusual presentation with diverse signs and symptoms that are easily ignored, such as

sleep disturbances, mood and behavior changes with decreased motivation. The symptoms are uncommon and often regarded as the primary cause of delayed diagnosis [3]. The symptoms, if ignored, may develop adrenal crises before seeking medical attention [4]. Autoimmune diseases account for 70% – 90%, with tuberculosis accounting for only 7% – 20% of PAI cases [5]. However, adrenal tuberculosis is still the primary cause of PAI in developing countries [6,7]. Tuberculosis affects endocrine glands, including hypothalamus, pituitary, thyroid, and pancreas, particularly the adrenal gland [8]. The onset of adrenal tuberculosis is insidious and will seriously affect patients' quality of life and become life-threatening if not no treatment conducted in time.

Target: from to study a case of the development of acute insufficiency in a patient suffering from pulmonary tuberculosis for a long time during surgical treatment - thoracotomy. OUI was not diagnosed and resulted in death.

Objectives: to identify the possible causes of the development of CIU in this patient, to analyze the features of this clinical case, to find out what difficulties there were in making a diagnosis of CIU during life.

MATERIALS AND METHODS

The medical history of a patient who was being treated at a regional tuberculosis clinic with a diagnosis of pulmonary tuberculosis was analyzed. The conclusion of the pathological autopsy was studied in detail, where histological examination of the adrenal tissue revealed severe hypoplasia of the cortex and medulla.

RESULTS

After a detailed analysis of the medical history, it was established that the patient had chronic congenital disorder that was not diagnosed during life for objective reasons: – the disease had a latent course, there were no symptoms such as skin hyperpigmentation, hyperkalemia, hyponatremia; – due to the presence of a severe infectious disease (pulmonary tuberculosis), complaints such as loss of appetite and weakness were regarded as a manifestation of this pathology and a consequence of powerful antibacterial and specific therapy; – blood pressure numbers – 90/60-110/70 mmHg. – did not cause serious concern in a woman of asthenic physique with a weight of 54 kg and a height of 164 cm. The patient suffered from pulmonary tuberculosis for more than five years with frequent exacerbations. The last relapse of the disease occurred during childbirth. Over the past year, the patient has undergone multiple subanesthetic bronchoscopy, sanitation fiberoscopy, massive antibacterial therapy, resection of several segments of the lung with blood loss of about 1 liter - without effect. During a second thoracotomy with massive blood loss and transfusion of blood substitutes, the patient died from acute respiratory failure, which led to a sharp drop in blood pressure, atrial and ventricular fibrillation of the heart with the development of

acute cardiovascular failure, which was the immediate cause of death.

CONCLUSIONS

Diagnosing CNN, especially against the background of severe pathology and in the absence of an important symptom - skin hyperpigmentation, is often difficult, because other manifestations of CNN - weakness, weight loss, hypotension - are not specific. As a result, quite often the disease is diagnosed only at the stage of acute Addisonian crisis (AC), an extremely life-threatening condition with a mortality rate of 45-50%. Therefore, early diagnosis of CNN becomes important for the prevention of this life-threatening disease.

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