



67 - THE SAFETY AND EFFECTIVENESS PROFILE OF MEDICAL THERAPY FOR CUSHING'S SYNDROME: A DESCRIPTIVE ANALYSIS

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Resumen

Introduction: Cushing's Syndrome (CS) is a condition caused by chronic exposure to excessive levels of cortisol. If left untreated, the mortality rate is high, mainly due to cardiovascular complications. Surgery is the gold-standard treatment with few related risks and complications. When surgery is contraindicated or unsuccessful, steroid inhibitors (SI) are commonly used as medical treatment.

Methods: Retrospective and descriptive review of patients with CS treated with SI.

Results: Six patients were included, mean age of 48.3 ± 19.0 years. Five patients had a diagnosis of Cushing's Disease and one had an adrenal adenoma. Five patients (83.3%) were treated with ketoconazole and 1 (16.7%) with metyrapone, with a median duration of treatment of 15 months (3-39 months). Four patients received ketoconazole as a post-surgical treatment, due to persistence of the disease. The patient with the adrenal adenoma refused adrenalectomy and opted for treatment with ketoconazole. Metyrapone was prescribed in one patient that presented with high surgical risk and refused surgery. The average dose of ketoconazole was 480.0 ± 303.3 mg daily, and the dose of metyrapone was 1,500 mg daily. In the last follow-up visit, regarding 24h urinary cortisol levels, 2 patients had normal levels, 2 had a reduction of at least 25% from basal levels and 2 still have pending results. Five patients (83.3%) showed improvement in body mass index (BMI) and all reported satisfaction with the treatment. Both drugs were well tolerated with mild side effects reported in 3 patients: 2 (33.3%) referred nausea and 1 (16.7%) asthenia. No patient presented with liver toxicity, with regular levels of transaminases in all patients.

Conclusions: Treatment of CS is challenging, especially when surgery fails. Medical treatment is a reasonable option in patients with uncontrolled disease. Ketoconazole and metyrapone are effective drugs for CS management, with acceptable side effects.