CASE REPORT

I’M NOT ALL FAT! I TAKE STEROID: HYPERCORTICOLISM SECONDARY TO EXOGENOUS STEROIDS

**Introduction**

Hypercorticolism is caused by long standing high level of cortisol hormone in the body.

**Case description**

A 40 years old gentleman with underlying young hypertension presented with increasing body weight, facial swelling, reduced effort tolerance for past 1 month. He gained more than 7kg for past 1 month and having difficulty to do daily routine due to “fatness”. Apart from that he also had worsening shortness of breath and orthopnea with mild upper respiratory tract infection symptoms for past 3 days. Upon further history, he is a non smoker or alcohol consumer but he has been consuming traditional medication he bought online that claimed for general health for 1 year. Upon examination, patient is obese with BMI 50, tachypneic with RR 26,moon face, buffalo hump, purple striae over lower abdomen and thigh. His blood pressure was normotensive with heart rate ranging 100-120.His temperature was 37.6.There was bibasal crepitation on lungs auscultation. Chest xray shown cardiomegaly with consolidation over right lower zone and there was no evidence of pulmonary embolism on CTPA. His am cortisol level was 128mcg/dL(raised).A provisional diagnosis of community acquired pneumonia and hypercorticolism secondary to exogenous steroid were made. He was treated with antibiotics and started on iv hydrocortisone after consult with endocrinology team. He was admitted to medical ward and subsequently discharged well with low dose of Hydrocortisone and follow up under endocrine clinic with ECHO appointment as outpatient.

**Discussion**

Hypercorticolism can be due to endogenous or exogenous caused. There is no specific signs or symptoms hence proper history taking with symptoms and sign that suggestive are the main pathognomonic. The diagnosis is confirmed by biochemical test such as cortisol level in this case. The first line of treatment is low dose of hydrocortisone. Patient should be monitored for the complications as well.

**Conclusion**

Hypercorticolism should be considered if the patient has history of taking traditional medication for a long term and presented with obesity.

**Keywords**

Hypercorticolism, Obesity, Traditional medication