CASE REPORT

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

**Introduction**

Cortisol is a steroid hormone that is produced and released by adrenal glands. It is essential to regulate stress response. However, higher than normal level of cortisol can cause harmful effects. We present a case of hypercortisolism due to chronic consumption of steroids-containing supplement.

**Case description**

A 40 years old gentleman with young hypertension presented with increasing body weight, facial swelling, reduced effort tolerance for the past 1 month. He gained more than 7kg in a month. He also developed shortness of breath and orthopnea. At presentation, he had mild upper respiratory tract infection symptoms since 3 days earlier. He admitted of consuming traditional medication bought online for 1 year. Upon examination, patient was obese with BMI of 50 with respiratory rate of 26, had moon face feature, buffalo hump and purple striae over lower abdomen and thigh. Chest X-ray showed cardiomegaly with consolidation over right lower zone. There was no evidence of pulmonary embolism on CTPA. His am cortisol level was 128mcg/dL (raised). Provisional diagnosis of community acquired pneumonia and hypercortisolism secondary to exogenous steroid were made. He was treated with antibiotics and started on iv hydrocortisone. He was admitted to medical ward and subsequently discharged well with low dose of hydrocortisone and followed up under endocrine clinic.

**Discussion**

Hypercortisolism can be endogenous or exogenous in origin. There are product supplements that contain steroids but not known to patients. Upon feeling ‘stronger’, consumers tend to purchase more and be affected exogenously. Proper history taking and being perceptive of symptoms and sign of steroids effect are essential for diagnosis. 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**

In this case, patient mainly presented with obesity. Doctors managing such case need to take careful history and look for sign and symptoms of hypercortisolism so that treatment can be started early to prevent long term complications. The public need to be aware that supplement products may contain steroids that could harm them.

**Keywords**

Hypercorticolism, Obesity