

Cushing's disease in paediatric patients: Diagnosis and evolution

N. Messaoudi (Dr), I. Assarrar (Dr), N. Bouichrat (Dr), M. Karrou (Dr), S. Rouf (Pr), H. Latrech (Pr)
Department of Endocrinology-Diabetology and Nutrition, Mohammed VI University Hospital Center, Faculty of Medicine and Pharmacy,
University of Mohammed Ist, Oujda, Morocco



INTRODUCTION

Cushing's syndrome is rare in the paediatric population, affecting 0.89 per million children between the ages of 0 and 20 years. The causes of Cushing's syndrome of endogenous origin are dominated by pituitary causes in 70-95%, with a peripubertal revelation. We report the case of a child followed for Cushing's disease in the department of Endocrinology-Diabetology-Nutrition of Mohammed-VI University Hospital Center of Oujda, in the eastern of Morocco.

AIM

The aim of our study is The aim of our study is to report our experience in the management of Cushing's disease in paediatric population

CONCLUSIONS

Cushing's disease in children is a diagnostic and therapeutic emergency. Early diagnosis remains a challenge for the clinician in order to prevent the consequences of hypercortisolism especially on growth and puberty. It requires a rigorous evaluation as well as a codified management as soon as possible, following a multidisciplinary meeting. Transphenoidal surgery remains the only curative treatment.

OBSERVATION

It is a 14-year-old female child, without any particular pathological history, referred to our department for secondary amenorrhea, weight gain and hirsutism. The clinical examination found an obese child with a BMI of 35.5 kg/m², large purple stretch marks and a puffy face. Biological assessment revealed ACTH-dependent biological hypercortisolism. Hypothalamic-pituitary MRI revealed a pituitary microadenoma measuring 4 mm (figure 1). The case was discussed in a multidisciplinary meeting including endocrinologists, neurosurgeons, radiotherapists, and oncologists, then the patient benefited from a selective microadenectomy with complete post-operative remission.

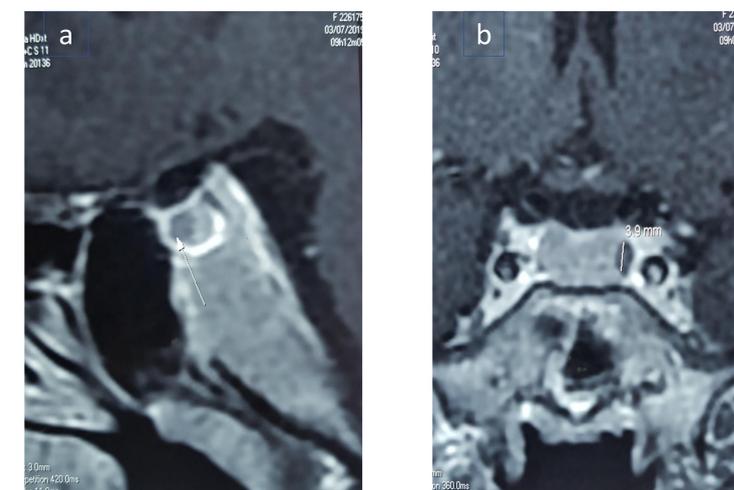


Figure 1 : Sagittal (a) and coronal (b), sections of pituitary MRI showing a pituitary microadenoma

CONTACT INFORMATION

Najoua Messaoudi
Najouamessaoudi93@gmail.com

