

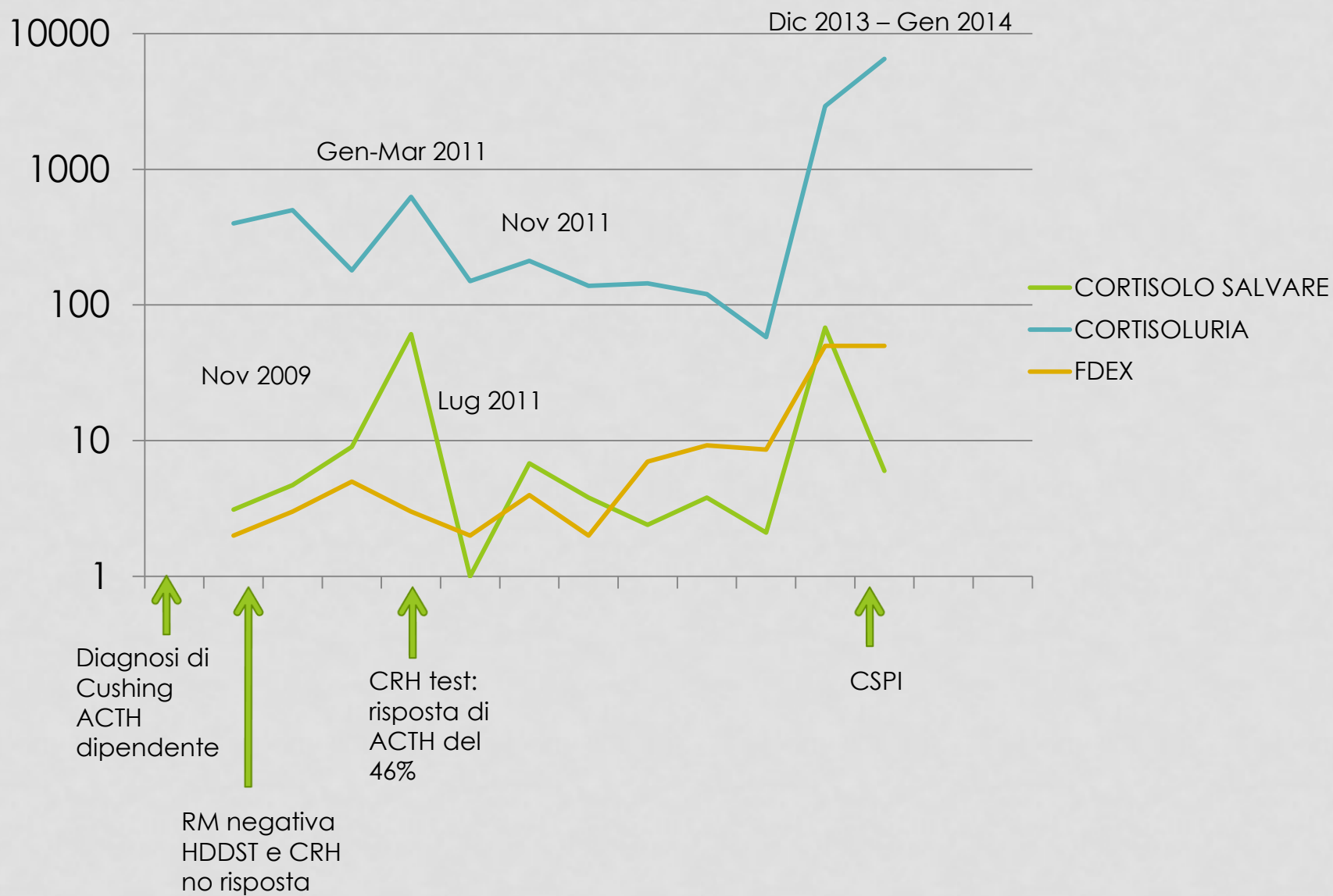


IL CUSHING CICLICO

LA SFIDA DELLA DIAGNOSI

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ED

cyclic cushing's syndrome AND diagnosis not carney complex

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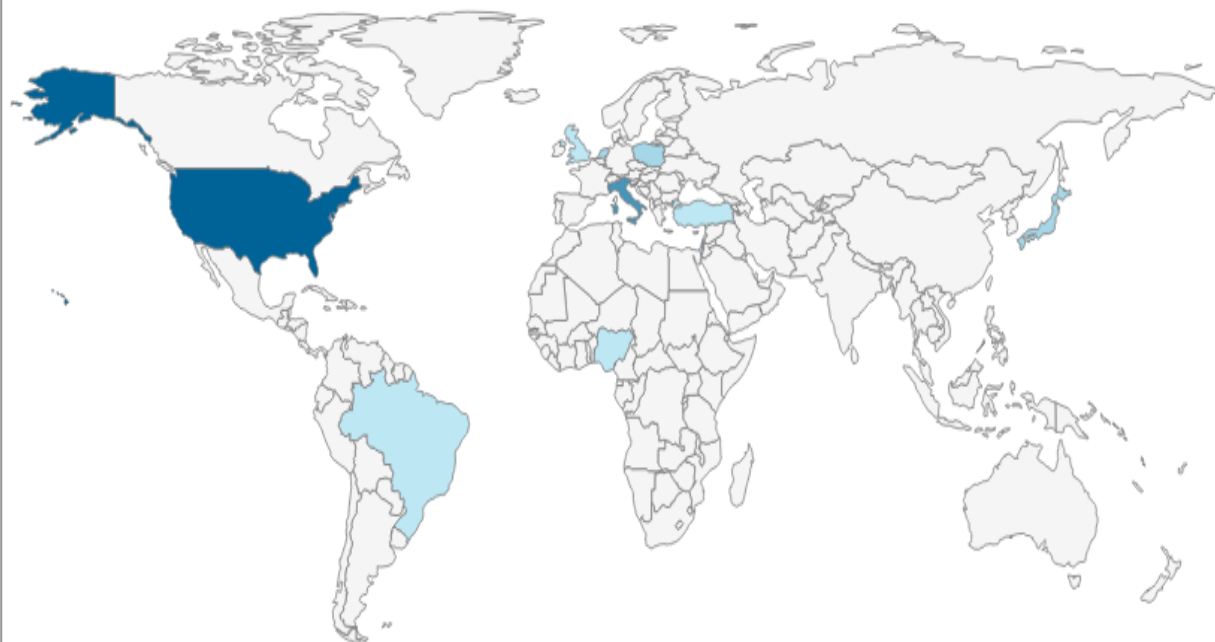
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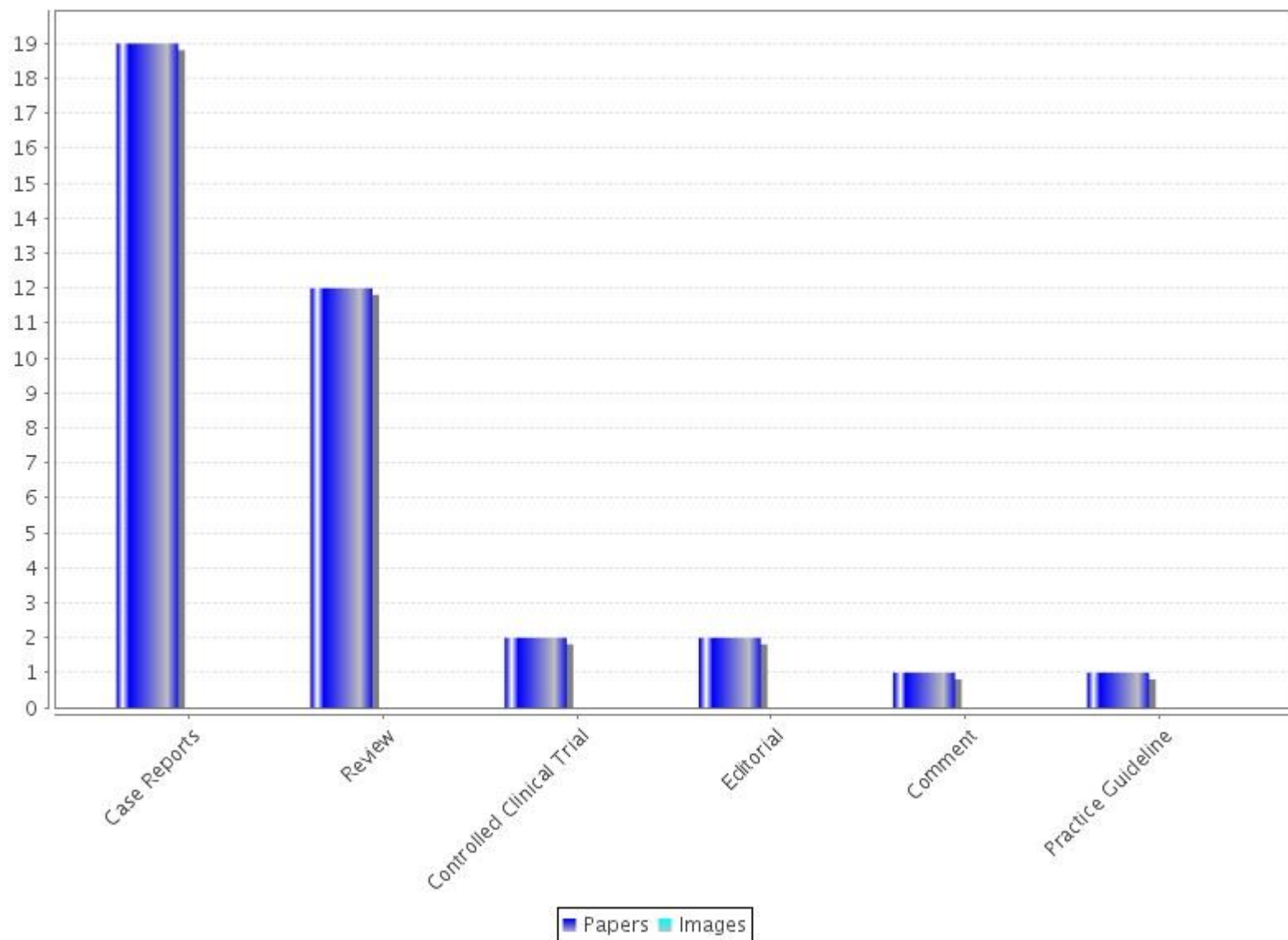
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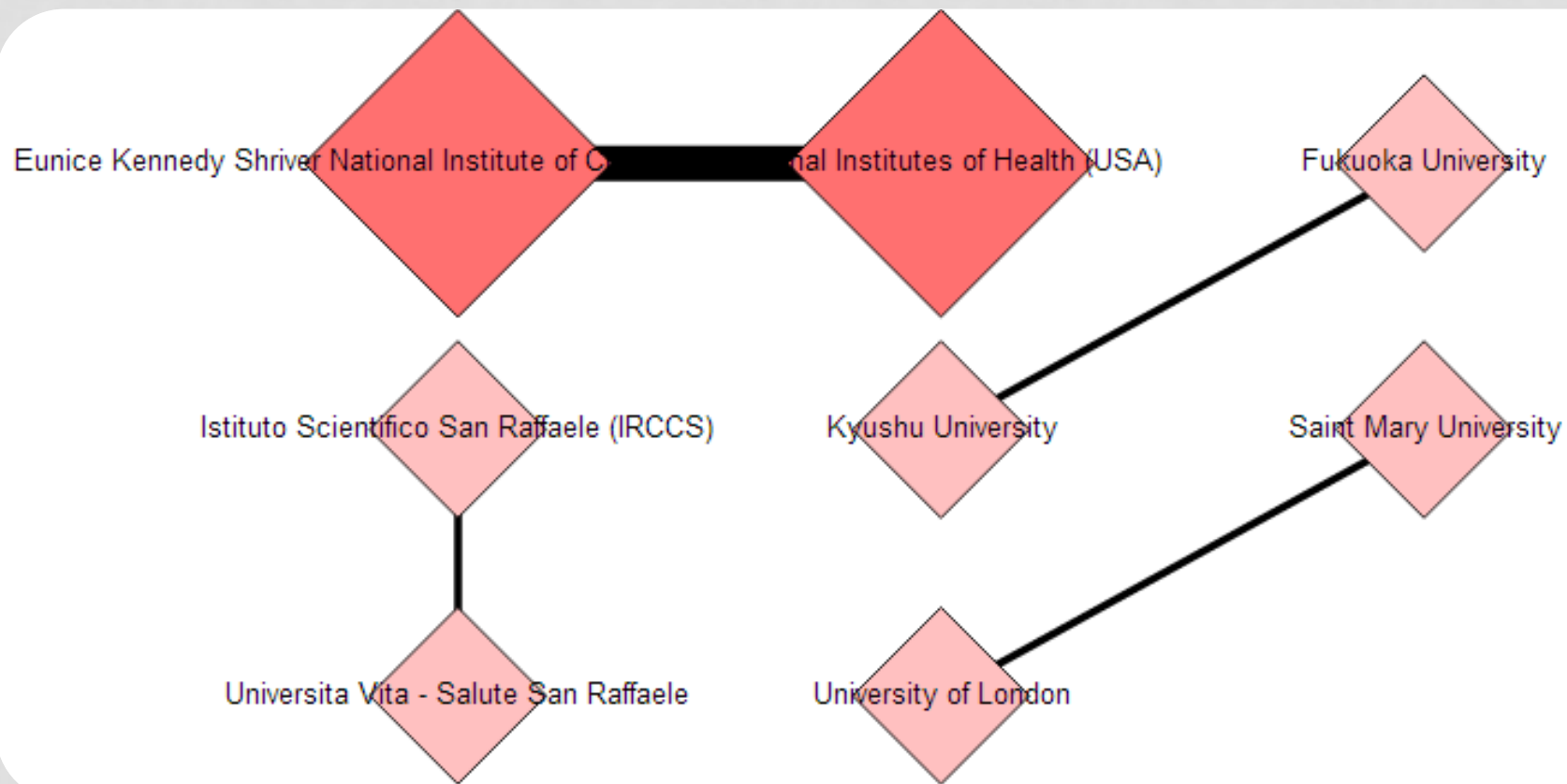
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Study Types representation into results





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INVITED REVIEW

Cyclic Cushing's syndrome: a clinical challenge

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- Category 1 regular cyclic hormonogenesis with variable clinical **periodic hormonogenesis**
- Category 2 regular cyclic hormonogenesis with periodic clinical expression
- Category 3 irregular cyclic hormonogenesis with corresponding **intermittent hypercortisolism** toms
- Category 4 irregular cyclic hormonogenesis with constant clinical manifestations

It can be extremely difficult to establish a diagnosis of cyclic CS.
Moreover, it should be realized that no definite scheme is available for its diagnosis, and that the laboratory work up for diagnosing and differentiating CS varies between centres.
Emphasizing that clinical awareness of the existence of cyclic CS is most Important...

Meinardi et al., EJE 2007



**clinical suspicion of CS but normal or
discrepant biochemical findings**

**biochemical evidence for cortisol
excess but low clinical suspicion of CS**

Mild and
subclinical
CS

Pseudo-
Cushing's
states

Aberrant
receptor-
mediated
CS

Factitious CS

Glucocorticoid
resistance

FIRST STEP

Once cyclic CS is suspected, timing of laboratory testing and repeated measurements is essential.

laboratory evaluation may be done by frequent measurements of 24-h urinary free cortisol excretion.

In addition, regular salivary cortisol measurements may also be a valuable tool to demonstrate cyclic CS

SECOND STEP

the usefulness of additional endocrine tests, such as the high-dose dexamethasone suppression test and CRH stimulation test to differentiate between pituitary and ectopic ACTH hypersecretion, is questionable. The cortisol response is largely affected by the cyclic cortisol activity

an initial dexamethasone suppression performed just as the elevated steroids are about to fall spontaneously might be falsely interpreted as adequate suppression. Similarly, stimulation tests with CRH or metyrapone may reveal a blunted response of serum cortisol or plasma ACTH, when carried out in the decremental phase of a cycle, again leading to misdiagnosis.

REVIEW

Cyclic Cushing's Syndrome: An Overview

Albiger et al., 2007

- Between cycles, patients may have a normal pituitary function, so dynamic test findings are best interpreted if the tests are conducted during a sustained period of hypercortisolism.
- Confusing results of standard 2 mg and 8 mg dexamethasone suppression tests suggest a spontaneous fluctuation in adrenal secretion that needs to be confirmed by extended periods of observation.

Cyclic Cushing syndrome: definitions and treatment implications

Velez et al., 2007

- Although it can be very useful to look for three peaks and two troughs of cortisol production in patients being evaluated for cyclic CS, it is ultimately the level of clinical suspicion for the disease that drives the decision for how much testing is ultimately performed.
- We suggest that an effective preliminary screening protocol is to obtain a series of four 24-hour UFC collections, midnight salivary cortisol collections, and blood draws for cortisol and ACTH during periods of symptomatic hypercortisolemia. **Negative results for four sets of these tests (performed at times consistent with clinical hypercortisolemia) largely rules out the presence of cyclic CS, unless clinical suspicion remains high.** By contrast, intermittently positive test results for hypercortisolemia may suggest the presence of cyclic CS, and more extensive testing may be warranted.

The Diagnosis of Cushing's Syndrome: An Endocrine Society Clinical Practice Guideline

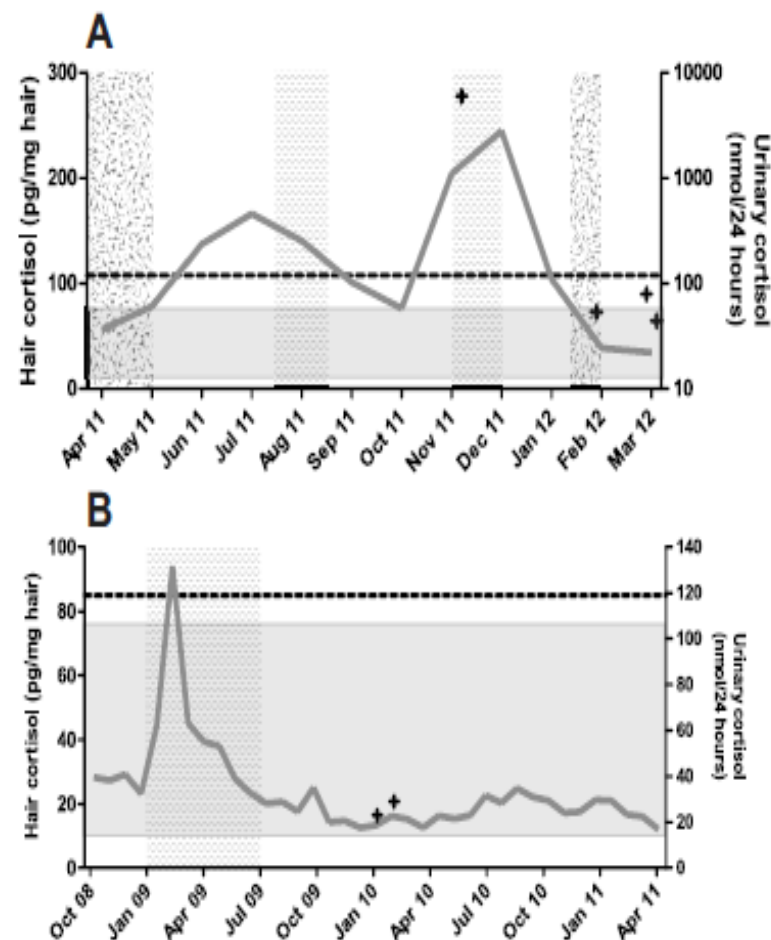
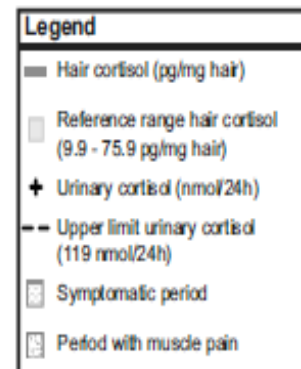
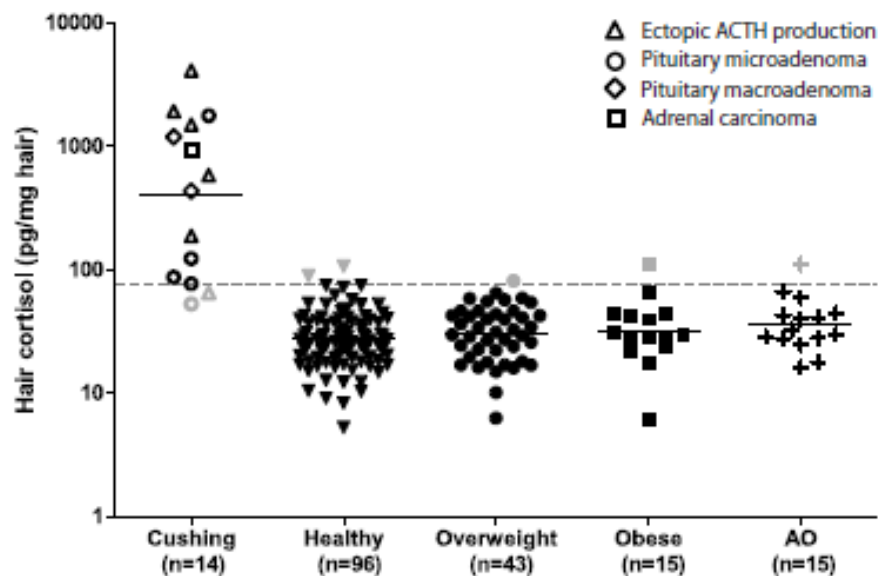
Lynnette K. Nieman, Beverly M. K. Biller, James W. Findling, John Newell-Price, Martin O. Savage, Paul M. Stewart, and Victor M. Montori

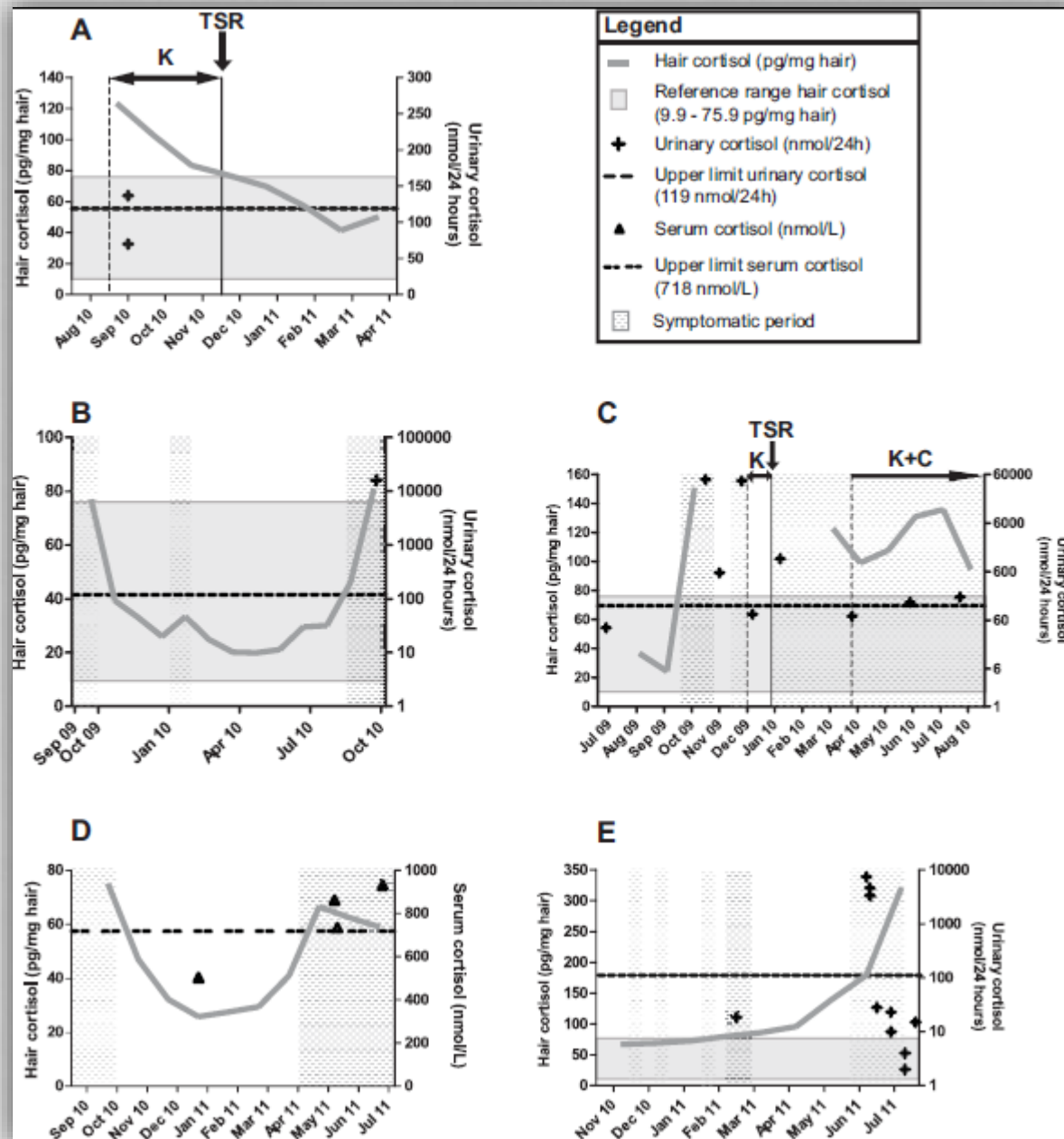
Cyclic Cushing's syndrome:
We suggest use of UFC or midnight salivary cortisol tests rather than DSTs in patients suspected of having cyclic Cushing's syndrome.

- Initial testing
 - We recommend against any further testing for Cushing's syndrome in individuals with concordantly negative results on two different tests (except in patients suspected of having the very rare case of cyclical disease)
- Subsequent evaluation
 - We suggest further evaluation and follow-up for the few patients with concordantly negative results who are suspected of having cyclical disease and also for patients with discordant results, especially if the pretest probability of Cushing's syndrome is high.

A Novel Tool in the Diagnosis and Follow-Up of (Cyclic) Cushing's Syndrome: Measurement of Long-Term Cortisol in Scalp Hair

L. Manenschijs, J. W. Koper, E. L. T. van den Akker, L. J. M. de Heide, E. A. M. Geerdink, F. H. de Jong, R. A. Feelders, and E. F. C. van Rossum







- Perseveranza e pazienza nella valutazione clinica
- Rapidità di esecuzione diagnostica in coincidenza delle manifestazioni cliniche
- E-mail, WhatsApp,
- Privilegiare l'uso di CLU e cortisolo salivare
- Diagnostica differenziale e strumentale solo in concomitanza con la conferma di attività di malattia clinica e biochimica
- Sperimentare nuovi approcci diagnostici

Grazie per l'attenzione



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