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Tiredness yes, but why?

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Background and Aim: 38 years old woman with no allergies. Previous record of neither medical nor surgical precedent. No toxic habits. Two healthy pregnancies. for the previous six months the patient has being suffering tiredness and nausea, asthenia, and frequent forgets, expressing unease regarding those symptoms. The origin of these symptoms where never found. Lost of ten kilograms in the last two years, after the second pregnancy. She have regular menstruations. She is an active worker and for the last weeks she found it difficult to develop her usual tasks due to progressive tiredness. During the last two weeks she consulted in relation to liquid faeces in large amount without mucus or blood nor fever.

Method: Exploration: Good overall status, eupnoea in resting, tachycardic, Blood pressure 85/55 mmHg. Cutaneous hiperpigmentation, even in non exposed areas and oral mucose. Marqued cutaneous dryness, more evident in palms and soles. Nor palpable masses neither abdominal pain. Nor cervical adenopathies neither goitre. Complementary tests: Blood test: sodium 127mmol/l, potassium 5,7 mmol/l. Thyroidal enzymes and ferric profile in the limits. Blood osmolarity 277, urine osmolarity 611, cortisol 0,4, ACTH >1250, anthytiroglobuline antibodies 89. No other alterations. Adrenal CT: normal morphology but a decreased size of glands. Mantoux test negative. Diferential diagnosis: Primary adrenal failure, neoplasic pathology, granulomatous adrenal disease.

Results: Primary adrenal failure. After the substitutive treatment (hydrocortisone and fludrocortisone), the digestive manifestations disappeared and the sodium levels get to normal range.

Conclusions: It would be necessary to think about what is hiding behind the main symptom in long term diseases and the initial diagnosis if the development is not the expected, as slow and progressive settlement of the pathology may get the patient to perceive as normal some aspects that are not and that would be helpful for diagnosis accomplishment.