

## **PS2.168**

### **Addison disease - how to get there?**

*Adriana Meneses(1), A Coelho Rodrigues(2), S Castro Alves(1)*

*(1) USF Nova Salus, Vila Nova de Gaia, Portugal*

*(2) USF Horizonte, Porto, Portugal*

*Corresponding author: Dr Adriana Meneses, ACeS Gaia VII, USF Nova Salus, Vila Nova de Gaia, Portugal. E-mail: adriana.c.meneses@gmail.com*

**Background & Aim:** Adrenal insufficiency is a rare disease caused by primary adrenal failure (Addison's disease) or by impairment of the hypothalamic-pituitary-adrenal axis. This hormonal deficit occurs with development of nonspecific signs and symptoms, which favors the late diagnosis with prognostic implications. The purpose of this work is to raise concern about the clinical presentation that should alert to a possible diagnosis of Addison disease in Primary Health Care, preventing possible complications.

**Method:** A case analysis in the context of the literature.

**Results:** A previously healthy 34 year-old caucasian male presented to his family physician with insidious onset of malaise and progressive weight loss (over a month). He denied recent travels or animals contact. His blood pressure was low (90/60 mmHg) and he was apiretic. He was discharged home with symptomatic measures and general advice. Four days later he went to the Emergency Department (ED) with the same complaints. The complementary study didn't reveal any significant alteration so he was diagnosed with dehydration. In the following weeks he returned another three times to medical attention, with the same symptoms plus anorexia and nausea with occasional vomiting. He made a comprehensive laboratory investigation which revealed hyponatremia (129 mmol/L) and hyperkalemia (5.2 mmol/L). Because of progressive clinical deterioration that limited his everyday life, he was sent to the ED. He made a complementary study with cortisol and ACTH which revealed adrenal insufficiency and stayed 8 days at the hospital. He was diagnosed with Addison disease and discharged home with corticotherapy.

**Conclusions:** Addison disease is frequently missed due to nonspecific presentations and rarity of the condition. The delayed diagnosis is almost always responsible for increased morbidity and mortality. Outcomes may be improved with a higher index of suspicion for the disease, even in primary care setting, with prompt investigation after exclusion of other common diagnosis.