

FoRiSIE Winter School in Clinical Endocrinology

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Padova Pituitary-Adrenal Team



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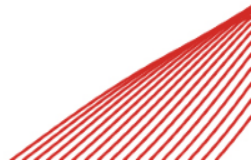
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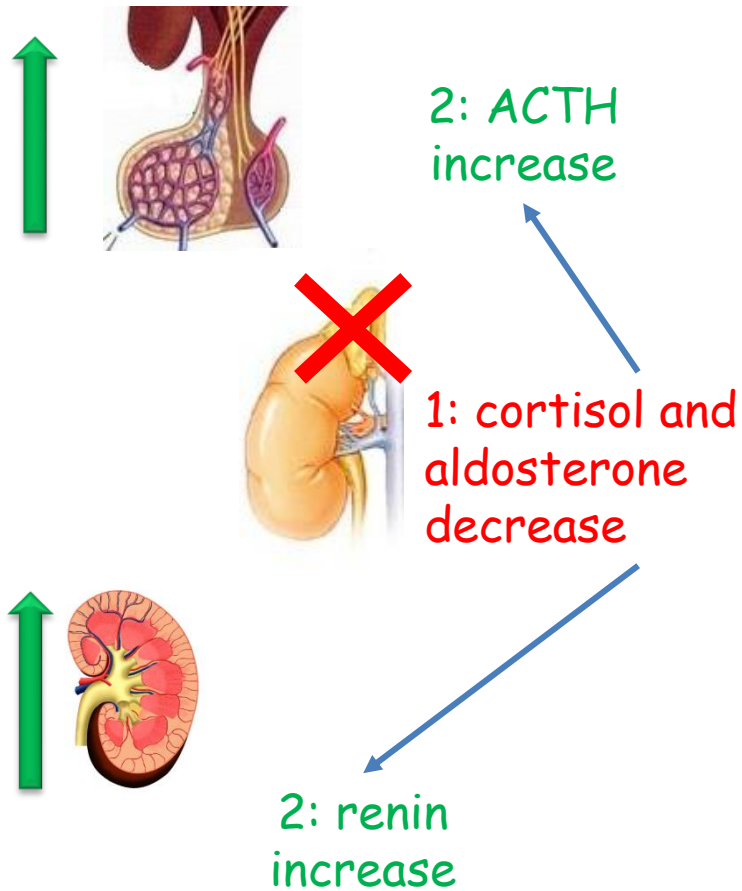
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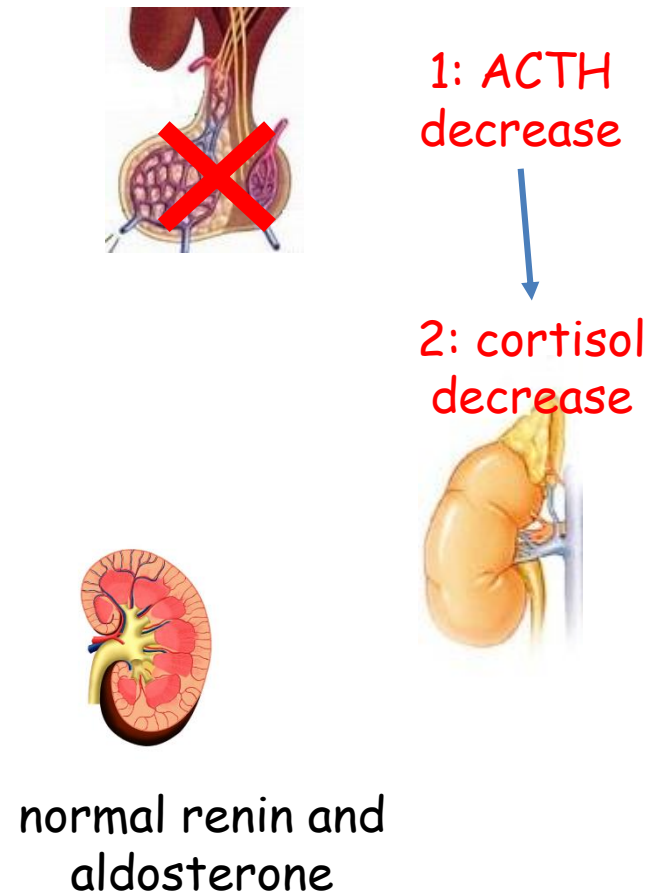
CENTRAL ADRENAL INSUFFICIENCY

- Not so rare: CAI prevalence is about 150-280 cases per million inhabitants, higher than PAI (100-140 cases per million)
 - No hyperpigmentation (normal ACTH and POMC)
 - Preserved mineralcorticoid secretion
 - Not only GC treatment (and other pituitary axis!)
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PRIMARY adrenal insufficiency



CENTRAL adrenal insufficiency



Etiology and prevalence of acquired CAI

Sellar mass

- Craniopharyngioma (87%)
- Pituitary adenoma (secreting and non functioning, up to 40% pre and 75% post-surgery)
- Pituitary carcinoma or metastases
- Other skull-base tumors

Drug-induced

- Withdrawal of exogenous glucocorticoids (from 7% for asthma with inhalation GC to 60% for hematological malignancies)
- Surgery for Cushing's Syndrome (up to 100% of patients in remission, recovery of HPA function in 3-24 months in most patients)
- Immune checkpoint inhibitors (ipilimumab, a form of iatrogenic hypophysitis, up to 20% of treated patients)

Post intra-cranial procedures

- Pituitary or intracranial surgery (up to 50%)
- Pituitary irradiation (ranging from 12 to 68%, prevalence increases with time)
- Cranial or total-body irradiation for non-pituitary tumors (up to 10%)

Infiltrative

- Neurosarcoidosis (up to 49%)
- Histiocytosis (up to 10%)
- Haemochromatosis (up to 45%)

Inflammatory

- Hypophysitis (up to 60%)
- meningitis (particularly tuberculous)

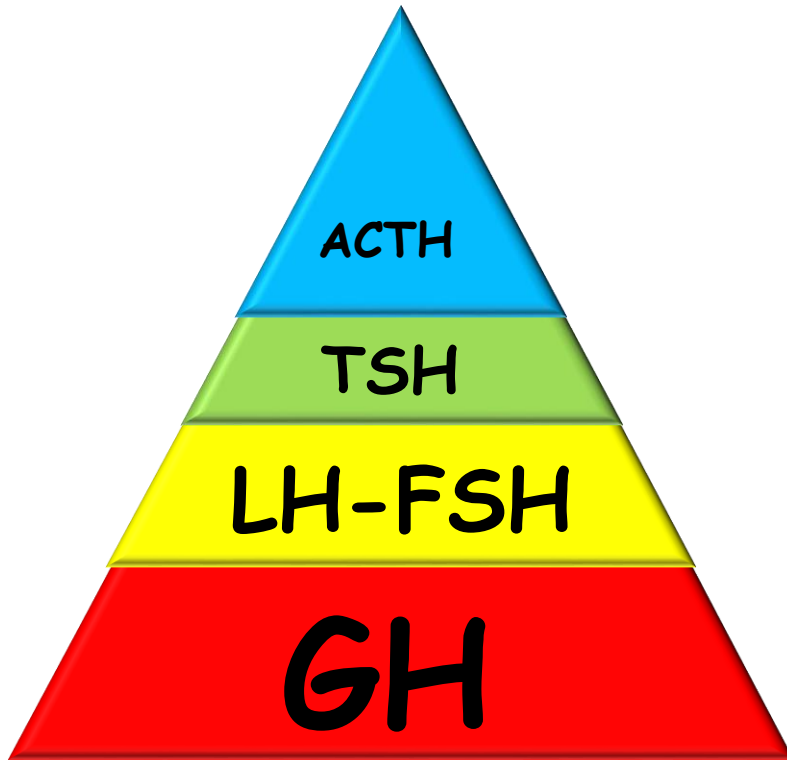
Traumatic/vascular

- Pituitary apoplexy
- Traumatic brain injury (up to 8%)
- Subarachnoid hemorrhage (up to 6%)

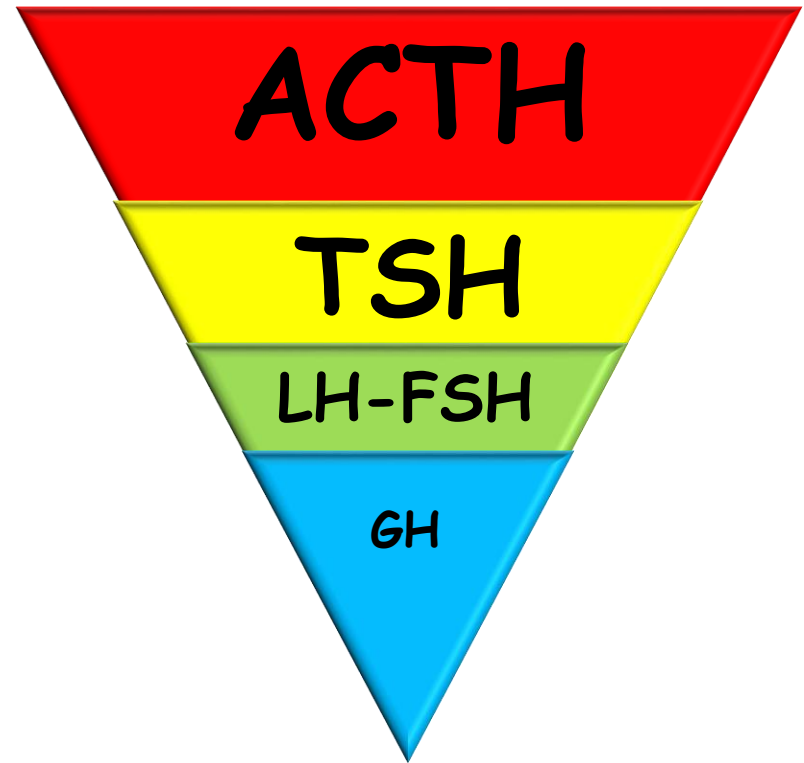
Miscellaneous

- Idiopathic
- Empty sella syndrome (up to 15%)
- relative adrenal insufficiency in hospitalized patients with acute illness (from 10% in hospitalized ill patient to 60% in those with septic shock)
- liver cirrhosis (all stages, 10%-82% of cirrhotics depending on the test used)

treatment



Axis impairment



Start of treatment