CUSHING SYNDROME COMPLICATING PREGNANCY

(A Case Report)

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Cushing syndrome is one of the rare diseases associated with pregnancy. Donald (1979) stated that women with Cushing syndrome are unlikely to conceive because of the associated infertility and amenorrhoea. Similar were the views of Barnes (1974). Here is reported of a case who had Cushing syndrome complicating pregnancy.

CASE REPORT:

Smt. B. 35 years was admited to Zanana Hospital attached to R.N.T. Medical College, Udaipur on 27-8-1978 with the history of 7½ months amenorrhea and labour pains since 8 hours.

Past Menstrual History: Age of menarche 18 years. Past cycles were irregular at interval of 1 to 4 months. The flow was scanty, for 5-7 days. There was no dysmenorrhea.

Obstetric History: 1st full term normal delivery at home male alive. 2nd full term forceps delivery in this hospital male alive. There was toxaemia during the pregnancy. L.D. 3 years back.

Past Medical History: She was a booked antenatal case and was already getting treatment for Cushing syndrome. The symptoms related to the disease she noticed about 2 years back. In the beginning she noticed abnormal growth of hairs over face, abdomen and extremities. Then she started having pain in calf muscles and feeling of lethargy. A little later she also noticed increasing gain in her body weight and hoarseness of voice. After about 6 months of all these she reported to the medical side where various investigations were done. The final diagnosis was Cushing syndrome. Her B.P. at that time was 140/110 mm of Hg. She was given antihypertensive treatment along with diuretics and sedatives.

During this pregnancy she was regularly visiting antenatal clinic since 12th week of pregnancy and was simultaneously getting treatment from medical side also. She had monilial vaginitis in the first trimester for which vaginal pessaries of antifungal antibiotic were put in. She was admitted at 5th month of pregnancy and was kept for about 2 weeks. Her B.P. throughout the pregnancy was between 150/100 to 160/110 mm of Hg.

Condition on admission—Pulse 120/min, B.P. 190/130 mm of Hg., Temp. 37°C. There was marked obesity with stria all over abdomen and extremities, perifollicular haemorrhages. There was hirsutism.

Abdominal examination—Uterus was 28 weeks pregnancy size, acting mildly, head floating, F.H. not heard, stria all over abdomen down to the thighs. + Vaginal examination. Os was admitting one finger, cervix taken up, membranes +, head at the brim, pelvis was normal gynaecoid.

Patient delivered spontaneously a still birth male of 1.6 Kgs. weight 6 hours after admission. There was no P.P.H. She was given diuretics, sedatives and antihypertensive drugs and was kept on hydrocortisone 100 mg, I.V. drip throughout labour. Later on she was given corticosteroids in tapering doses. She was also given oral antidiabetics. Puerperium—There was slight reduction in oedema, B.P. came down to 160/100 mm of Hg. General condition

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was satisfactory and urine was sugar free. She was discharged after 10 days and was advised surgery. But she refused due to reluctance of relatives and financial reasons. She came for checkup after 1½ months and her condition was the same as on discharged. After that she did not turn up for checkup.

INVESTIGATIONS:

Hb. 11 gm%, T.L.C. 10200/Cu mm, P 67%, M 8%, 1.25%, E.S.R. 30 mm 1st hour, Platelet count 3.5 lakh/Cu mm., Blood urea 51 mg%, Uric acid 5%, Urine albumin and sugar nil. Urinary 17 ketosteroids 37 mg/24 hours urine. Serum Proteins 5.9 gm% (Albumin 3.5, Globulin 2.4). Serum sodium 137 meq/L, Serum Potassium 3.2 meq/L. G.T.T.— Fasting sugar 232 mg%, Urine sugar +, After ½ hour, sugar 187 mg% Urine sugar+. After 1 hour, sugar 464 mg% Urine Sugar++. After 1½ hours, sugar 432 mg% Urine sugar+++.
After 2 hours, sugar 380 µg% Urine sugar +++

E.C.G.—Normal tracings, Vision (Right-6/9, Left-6/9). Fundoscopy-Veins dilated, arteries straightened, few hard exudates at mecula, cups shallow either side, 'X' ray skull-(Lateral view). Sella tursica appeared enlarged. No bony lesion seen. Cone down view of sella tursica-Early balooning of pituitary fossa seen. Retroperitoneal insuffulation (was done 1 year back)—non conclusive.

Barnes (1974) stated that the main danger to the mother and pregnancy lies in the hypertension which is a constant feature of the syndrome and may cause accidental haemorrhage or intrauterine death of the foetus from placental insufficiency. Premature delivery in frequent in these cases. In the present case also severe hypertension and associated diabetes were the main cause of worry during pregnancy. The routine antihypertensive drugs were of no effect. Frank diabetes developed in the last few days only, but it could be controlled with oral antidiabetics.

Abstract

A case of Cushing syndrome complicat-pregnancy is presented. She delivered spontaneously a premature still birth at 7½ months pregnancy. The case is interesting due to its rarity.

References

1. Barnes, C. G.: Medical Disorders in Obstetric Practice. Ed. 4th, 1974. Blackwell Scientific Publication. Oxford London Edinburgh Melbourne p. 323.
2. Donald, I.: Practical Obstetric Problems. Ed. 5th 1979. Lloyd Luke Ltd. 49, Newman Street London p. 311.

See Fig. on Art Paper III