



Picture Prognosis

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A 60-year-old woman with a history of T1DM and subclinical hypothyroidism presents with fatigue, generalized weakness, and mucocutaneous hyperpigmentation. Lab results reveal hyponatremia, hyperkalemia, and microcytic anemia. Cortisol level is critically low (<1.5 nmol/L). What's your diagnosis?

1. Addison's Disease (Primary Adrenal Insufficiency)
2. Cushing's Syndrome
3. Pheochromocytoma
4. Graves' Disease



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Answer: Addison's Disease (Primary Adrenal Insufficiency)

This patient's symptoms and lab findings (hyperpigmentation, hyponatremia, hyperkalemia, low cortisol) are consistent with primary adrenal insufficiency, often associated with autoimmune polyendocrine syndrome type II (APS-II). APS-II combines autoimmune adrenal insufficiency with autoimmune thyroid disease and often T1DM. Early recognition and treatment with hydrocortisone are crucial to avoid adrenal crises. Regular monitoring and adjustment of cortisol doses are essential for managing APS-II effectively.