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Hypercortisolism Signature: A Florid Case of Iatrogenic Cushing's Syndrome Induced by Topical Steroid

Pralhad R Rathod¹, Chaitanya G Yerawar^{2*}, Sharad K Mane³ and Prerana Deokar⁴

¹Department of Skin and VD, Shri Vasantnaik Government Medical College, Yavatmal, India

²Dr. Chaitanya's DTH Superspeciality Clinic, Nanded, India

³Sawedana Skin Care Hospital, Nanded, India

⁴Department of Biochemistry, ESI-PGIMS, Andheri (E), Mumbai, India

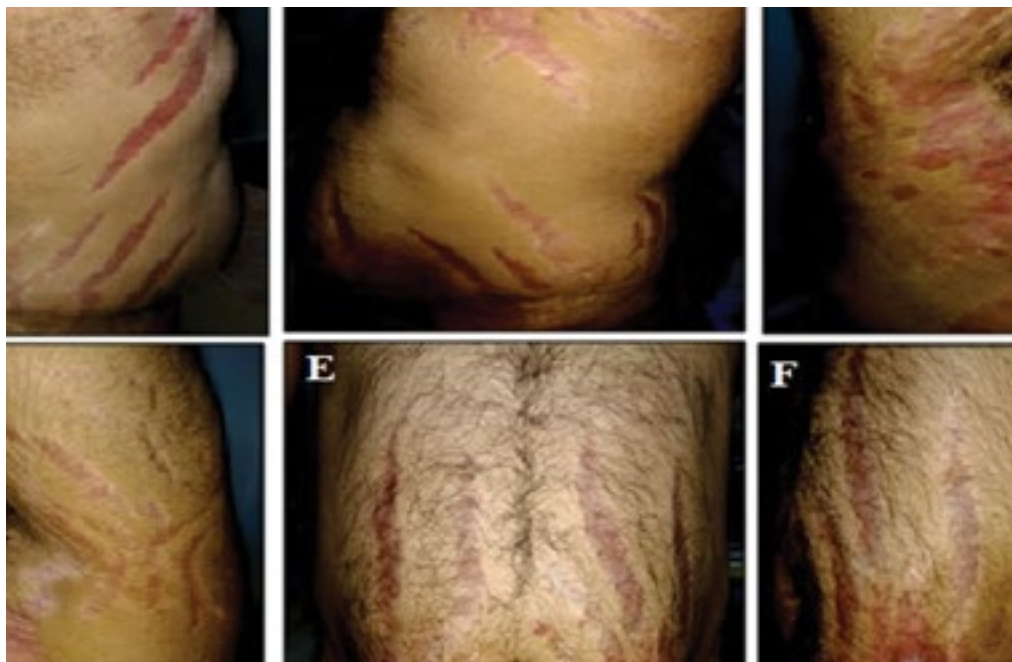


Figure 1: (A-F) Multiple broad, pink, depressed, non-tapering striae over the axilla, abdomen and thighs along with multiple boils over body.

Clinical Image

Topical corticosteroids are the most common drugs used to treat acute and chronic inflammatory skin diseases. Topical corticosteroids are available in different preparations, concentrations, and potencies. Prolonged use of them may cause systemic adverse effects including Cushing's syndrome and hypothalamic-pituitary-adrenal axis suppression. Development of the features of Cushing's syndrome depends on the dose, duration, and potency of the corticosteroids. Here we report a case of a 19-year-old young male who developed full blown iatrogenic Cushing's syndrome after use of clobetasol propionate cream 0.05% for recurrent dermatophytic infections (*Tinea corporis, et cruris, et fecei*) for 2-3 years. Laboratory evaluation revealed, morning (8:00 AM) adrenocorticotropic hormone (ACTH): 3.2 pg/mL (N: 0-46 pg/mL); morning serum cortisol: <0.1 µg/dL (N: 5.0-25.0 µg/dL) suggestive of hypothalamic-pituitary-adrenal (HPA) axis suppression secondary to topical steroid use. Other routine laboratory parameters were within normal reference range. The clobetasol propionate cream was discontinued and supplemented with oral hydrocortisone till the HPA axis recovers. This case demonstrates that injudicious prolonged use of topical steroids can have disastrous consequences (Figure 1).

*Corresponding author: Chaitanya G Yerawar, Dr. Chaitanya's DTH Superspeciality Clinic, Nanded, India, E-mail: c_yerawar@yahoo.com

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