BACKGROUND AND INCIDENCE

- Bilateral adrenal hemorrhage (BAH) is a rare cause of adrenal crisis with an incidence of 0.1 to 1%.
- This is a life-threatening emergency with 10-20% mortality rate.
- Clinical manifestations vary based on the size of the bleed and can mimic severe illness and sepsis.
- Causes of bilateral adrenal hemorrhage include sepsis, a nitrophospholipid syndrome, the use of anticoagulants, as well as trauma and surgery.
- There are a few case reports in the literature about partial recovery following hemorrhage however complete recovery is very rare.

CASE DESCRIPTION

- 71-year-old male known to have HTN, HLD, T2DM, and atrial fibrillation on Xarelto presented with generalized weakness, chest pain and malaise.
- Previous admission: status post cholecystostomy tube placement one week prior.
- Vitals significant for bradycardia and hypotension.
- Initial ICU interventions:
  - heparin drip for NSTEMI and broad-spectrum antibiotics for presumed sepsis.
  - CT scan showed bilat adrenal masses (Figure 1).

<table>
<thead>
<tr>
<th>Lab Test</th>
<th>Values</th>
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</thead>
<tbody>
<tr>
<td>Sodium (Na)</td>
<td>130 mmol/L</td>
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<tr>
<td>Potassium (K)</td>
<td>6 mmol/L</td>
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<tr>
<td>Creatinine (Cr)</td>
<td>1.4 mg/dL</td>
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<tr>
<td>Troponin I</td>
<td>12.2 ng/mL</td>
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<tr>
<td>WBC</td>
<td>18.5 K/ml</td>
</tr>
<tr>
<td>Hemoglobin</td>
<td>9.9 g/dL (baseline 13)</td>
</tr>
<tr>
<td>PT/INR/PTT</td>
<td>13 sec/1.1/41 sec</td>
</tr>
</tbody>
</table>

Table 1: Lab results on admission

Discussion

This patient did not have cortisol or ACTH levels confirming adrenal insufficiency due to the administration of steroids early in the hospital course.

Recognition based on electrolyte abnormalities, vitals and presenting symptoms can be central to diagnosing adrenal crisis in the absence of confirmatory studies.

Consider adrenal crisis in the differential for refractory shock.

Follow up is important to monitor return of intrinsic renal function and necessity of steroid therapy to supplement mineralocorticoid function.

REFERENCES