

ADRENAL INSUFFICIENCY

AI

CAUSES

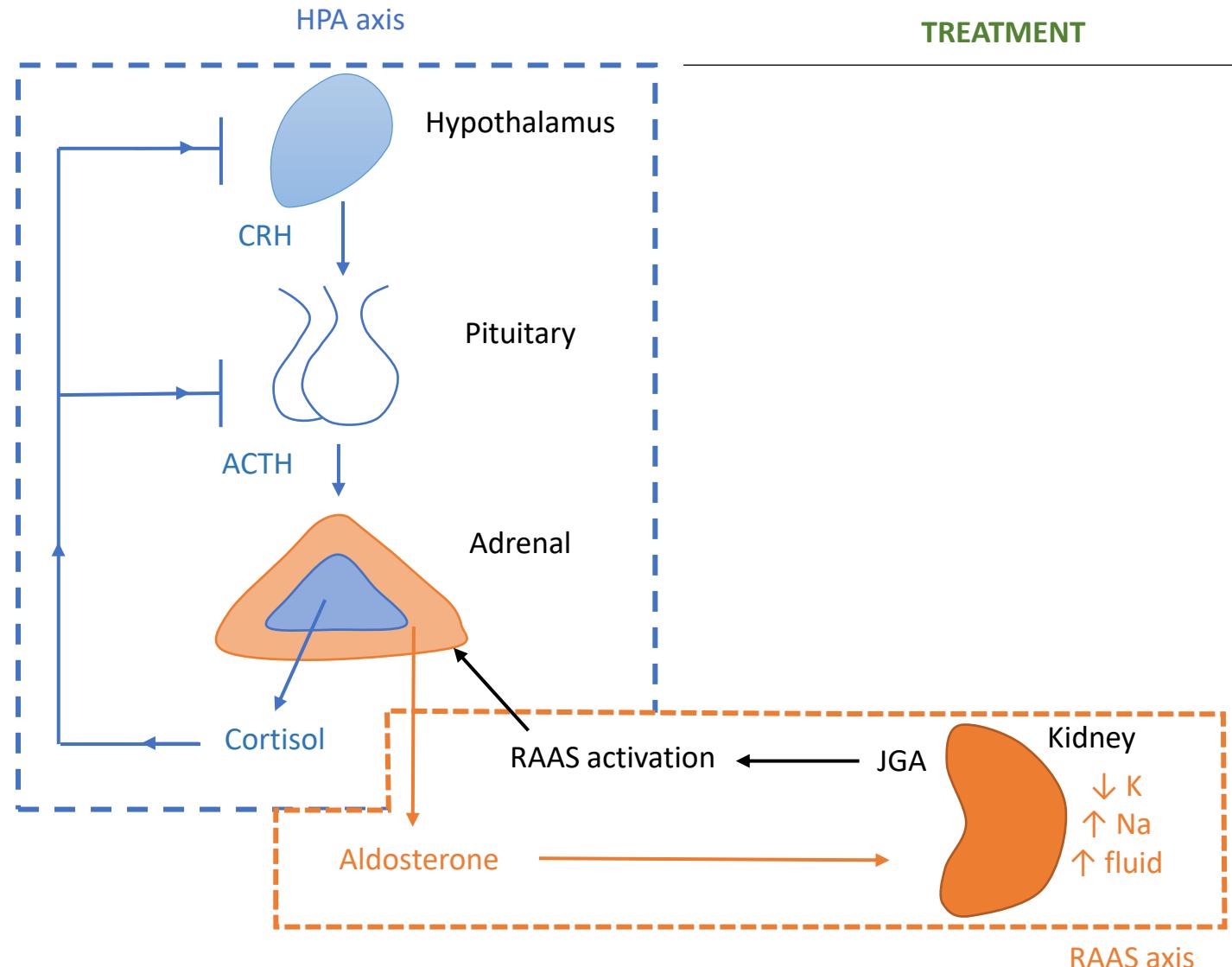
TEST

TREATMENT

Tertiary

Secondary

Primary



ADRENAL INSUFFICIENCY

AI	CAUSES	TEST		TREATMENT
Tertiary	<u>Mass Lesions</u> <ul style="list-style-type: none"> - Craniopharyngiomas - metastases <u>XRT</u> <u>Infiltrative</u> <ul style="list-style-type: none"> - hemochromatosis - sarcoidosis <u>Infectious</u> <ul style="list-style-type: none"> - TB or Abscess <u>Infarction (Sheehan Syndrome)</u> <u>Trauma/Surgery</u>	↓ ACTH even after CRH test		Hydrocortisone 15 – 20 mg/ 24 h split into BID or TID dosing (Half to 2/3 daily dose given in AM)
Secondary		↓ ACTH		
Primary	<u>Autoimmune adrenalitis</u> <u>Infectious adrenalitis</u> <ul style="list-style-type: none"> - TB, fungi, syphilis <u>Tumor/ Metastases</u> <u>Hemorrhage</u> <u>Drugs</u> <ul style="list-style-type: none"> - steroids, azoles, etomidate, PBT, phenytoin, rifampicin 	↑ ACTH ↓ aldosterone ↑ renin	<p>The diagram illustrates the Hypothalamic-Pituitary-Adrenal (HPA) axis and the Renin-Angiotensin-Aldosterone System (RAAS) axis. The HPA axis consists of the Hypothalamus (releasing CRH), the Pituitary (releasing ACTH), and the Adrenal gland (releasing Cortisol). The RAAS axis involves the Juxtaglomerular Apparatus (JGA) in the kidney, which activates the RAAS to release Aldosterone from the Adrenal gland. In Adrenal Insufficiency (AI), the Hypothalamus, Pituitary, and Adrenal are crossed out with black X's, while the RAAS activation and Aldosterone release are indicated by dashed lines and arrows.</p>	Hydrocortisone 20 – 25 mg/ 24 h (GCC) Fludrocortisone 0.1 mg qAM (MCC) ± DHEA 25 – 50 mg qAM (androgen)