CUSHING'S CHECKLIST

(Cushing Disease is specifically pituitary, syndrome is the multitude of causes)

DOES YOUR PATIENT HAVE ANY OF THE FOLLOWING?

☐ rapid **weight gain**

☐ central/ truncal obesity (95%) & face (spare limbs)

☐ facial plethora (70%)

☐ abdominal striae (buttocks, thighs too) – (70 %)

☐ hirsutism (50-80%)

☐ buffalo hump (dorsocervical fat pad)

☐ sternoclavicular fat pad

☐ decreased libido (80%)

☐ impotence in men (80%)

☐ irregular periods (80%)

☐ hypertension (65-85%)

☐ high cholesterol (70%)

☐ proximal muscle weakness (50%)

☐ depression/anxiety/psychosis (50+%)

☐ thin skin easy bruising (35%)

☐ acne (35%)

☐ androgenetic alopecia (30-35%)

☐ diabetes (20-50%)

☐ glucose intolerance (39-90%)

☐ kidney stones (15 %)

☐ hypercalciuria (40 %)

☐ Abdominal pain (0 to 21 %)

☐ osteoporosis (50-85%), including early onset

☐ headaches (0 to 47 %)

☐ moon face

☐ hyperhidrosis

☐ telangiectatic cheeks (broken capillaries)

☐ androgenetic alopecia

☐ insomnia

☐ polyuria

☐ polydipsia

☐ acanthosis nigricans in axilla neck

☐ GI disturbances

☐ poor wound healing

☐ sore joints – hip, shoulder back

☐ prior fractures

☐ fungal infections

☐ venous thromboembolism

☐ PCOS

☐ ankle edema

☐ poor growth (children)

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PHYSICAL EXAMINATION CONSIDERATIONS

☐ HR: _____ ☐ BP (systolic): ____ ☐ BP (diastolic): _____

☐ Weight _____ ☐ BMI _____

☐ alopecia ☐ hirsutism ☐ acne ☐ telangiectatic cheeks ☐ moon face

☐ facial plethora ☐ buffalo hump ☐ sternoclavicular fat pad ☐ acanthosis nigricans

☐ striae ☐ central obesity ☐ wide purple-red striae

☐ hyperpigmentation ☐ proximal weakness ☐ bruising ☐ ankle edema

☐ fungal skin infection (tinea and tinea versicolor)

WHO SHOULD WE BE SCREENING FOR CUSHING SYNDROME?

The Endocrine Society Guidelines recommend screening if:

1. Patient has weight gain and central redistribution of fat
2. There are multiple progressive features of CS
3. Patient has unusual features given age (osteoporosis/hypertension in young pt)
4. All children with retarded growth (i.e. decreasing height percentile and increasing weight)
5. Adrenal incidentaloma compatible with adenoma.

WORK UP

Consider ONE OR MORE of following three screenings tests:

1. 24 hr urine collection for free cortisol (consider 2 or 3 of these poorly sensitive tests).
2. Dexamethasone suppression test with 1 mg dexamethasone at 11 pm. Testing AM cortisol at 8 am. 2 mg is considered in obese patients
3. Bedtime salivary cortisol level (consider 2 tests)

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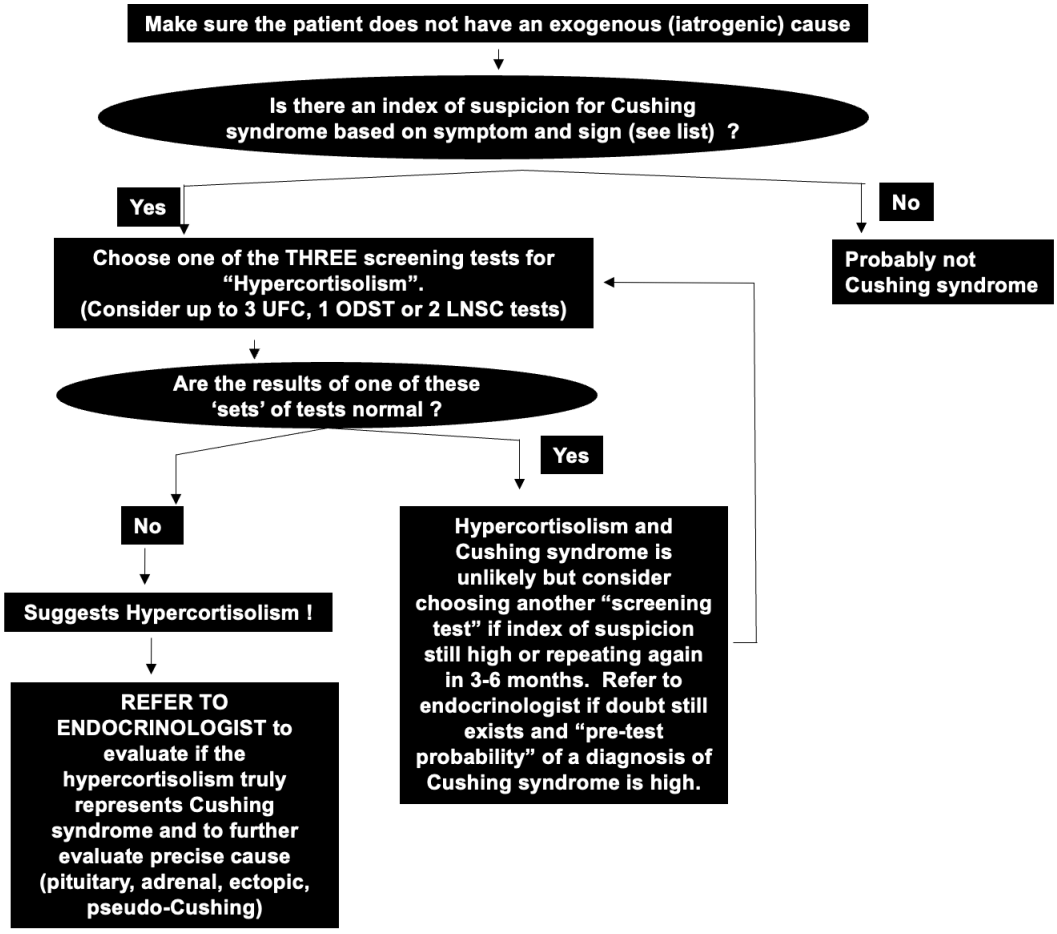

If one of these three tests are positive refer to endo for confirmatory testing and further work up. These includes additional testing, ACTH and either MRI pituitary or adrenal CT. CXR and Chest CT is done in cases of ectopic ACTH syndrome.

These blood tests are helpful:

CBC (WBC high or normal, lymphocytes low, eosinophils low), electrolytes, (low K), fasting blood sugar, hemoglobin A1c, DHEAS, free testosterone, total testosterone, SHBG, PRL, 17 OH –P (for CAH), cholesterol, maybe LH, FSH, maybe U/S ovaries for PCOS in women, prolactin, ACTH (maybe). Urinalysis, TSH, Ferritin, AST, ALT creatinine