

## Scleral and Body Hyperpigmentation in Disseminated Tuberculosis with Adrenal Insufficiency (Addison's Disease)

Muzamil Latief<sup>1</sup>, Waseem Raja<sup>2\*</sup>, Manzoor Parry<sup>1</sup> and Ravi Rao<sup>1</sup>

<sup>1</sup>Department of Internal Medicine, University Ambala, Maharishi Markandeshwar, Haryana

<sup>2</sup>Department of Internal Medicine, Sher-i-Kashmir Institute of Medical Sciences, Jammu & Kashmir, India

\*Corresponding author: Waseem Raja, Department of Internal Medicine, Sher-i-Kashmir Institute of Medical Sciences, Jammu & Kashmir, India, Tel: +918222800676; E-mail: [drwaseem.mw@gmail.com](mailto:drwaseem.mw@gmail.com)

Received date: February 24, 2016; Accessed date: March 02, 2016; Published date: March 11, 2016

Copyright: © 2016 Latief M, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

### Clinical Image

A 25 years old gentleman was diagnosed with Pulmonary Tuberculosis 1 year back and started on Anti Tuberculosis Treatment (ATT) 4 Drugs (Isoniazid, Rifampin, Pyrazinamide and Ethambutol). He took these medications for a period of 6 weeks and stopped the medication on his own. He never returned to any healthcare facility until he presented to us with complaints of weight loss for last 6 months, progressive skin hyperpigmentation and nausea for 4 weeks before presenting to us. On presentation, there was diffuse hyperpigmentation of whole body including buccal mucosa, tongue and sclera (Figures 1-3). He was in hypotension with tachycardia. Investigations revealed hyponatremia with random serum cortisol 8 nmol/L and Post ACTH stimulation, cortisol levels at 30 minutes and 60 minutes were <11 nmol/L. Serum ACTH levels were high. Abdominal Imaging revealed bilateral Adrenal Enlargement. Patient was started on IV fluids and IV steroids (Hydrocortisone 50 mg 6 hourly) and Anti-Tuberculosis Treatment (Isoniazid, Rifampin, Pyrazinamide, Ethambutol and Streptomycin). His hemodynamic parameters improved during hospital stay, nausea and anorexia settled. Subsequently patient was discharged on oral steroids Hydrocortisone 20 mg twice a day and Fludricortisone 100 mcg/day and made to continue ATT. Patient is doing well on follow up.



Figure 2: Hyper pigmented Knuckles.



Figure 3: Scleral, Tongue and Facial pigmentation.



Figure 1: Patient holding his own photograph taken earlier.