

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

Muzamil Latief¹, Waseem Raja^{2*}, Manzoor Parry¹ and Ravi Rao¹

¹Department of Internal Medicine, University Ambala, Maharishi Markandeshwar, Haryana

²Department 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

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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.