[P4-44] Bilateral Adrenalectomy in the Management of 96 Patients with ACTH –Dependent Cushing's Syndrome (CS).

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Patients and methods: From January 1986 to December 2006, 159 patients submitted to adrenalectomy to treatment different pathologies; bilateral adrenalectomy was performed in 9 patients with Cushing disease and in 7 with ACTH ectopic syndrome in a cohort of the 96 patients of CS
Results: Of 89 patients with Cushing disease, 5 were submitted to bilateral adrenalectomy as primary treatment for severe hypercortisolism (miopathy, hypokalemia, plaquetopeny, congestive heart failure and psicosys). This treatment controlled the hypercortisolism in all patients; 2 died in the post-surgery (sepsis, trombosis) and 1 developed Nelson's syndrome. Transphenoidal surgery was required after BA in 4 patients with Cushing disease after pituitary radiation and use of ketoconazole. All patients improved without Nelson's syndrome.
Of 7 patients with ACTH- ectopic syndrome (2 metastatic carcinoid pancreatic,1 occult carcinoid, 1 metastic of medulary carcinoma of thyroid and 2 indeterminated), the bilateral adrenalectomy was indicated as primary treatment in 3 of them and in another 4 follow the surgery to resection the neoplastic tumor, octreotide-LAR and chemiotherapy. 2 patients died (pulmonary metastases and hypovolemic shock). Other patients improved the symptoms.
Conclusion: Our data show that bilateral adrenalectomy can be an effective treatment to fast resolution of severe hypercortisolism in Cushing´s Disease with high risk for transphenoidal surgery and ACTH-ectopic syndrome, controlling the hypercortisolism with reduced morbity, considering the severity of disease.