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XXIII. Diseases of the Endocrines

Addison's disease	
Adrenal gland:	Is slightly diminished in size marked destruction of cortical tissue
	Necrotic changes and caseation
<i>N.B.I</i> :	
Causes of Addison's disease (chronic adrenal insufficiency):	
1. Tuberculosis (as in the presented case).	
2. Atrophy.	
3. Necrosis due to idiosyncrasy to drugs, or chemical poisoning.	
4. Hypoplasia.	
5. Alliyioidosis	Imours (carcinomatous)
7. Inflammatory changes and auto-anti-body-formations.	
8. Fibrosis.	
9. Gummata.	
ADDISON'S DISEASE	
	Bronze Pigmentation of Skin Hypoglycemia
	Changes In — Postural Distribution of Body Hair
	GI Disturbances
	Weakness
	Adrenal Crisis: Profound Fatigue Dehydration Vascular Collapse (JBP) Renal Shut Down JSerum NA TSerum K



Addison's disease:



 Note the generalised skin pigmentation (in a Caucasion patient) but especially the deposition in the palmer skin creases, nails and gums.

 She was treated many years ago for pulmonary TB. What are the other causes of this condition?

Clinical manifestations:

- 1. Progressive debility and asthenia (weakness; anaemia; loss of weight).
- 2. Feeble heart action:
 - Low blood pressure.
 - Loss of chlorides and water.
 - Diminution of sodium.
 - Accumulation of potassium.
 - Anaemia.
- 3. Gastro-intestinal irritability.
- 4. Pigmentation of skin (melanin).
- 5. Hypoglycaemia.
- 6. Haemoconcentration.
- 7. Males show fine scanty hair on face and on body.

A common feature observed at autopsy is the association of hyperplasia of the lymphoid tissues with enlargement of the thymus.





N.B.2:

• Over-activity of the adrenal cortex (tumour or hyperplasia) may lead to:

- 1. Cushing's syndrome.
- 2. Adreno-genital syndrome.





