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IMAGE OF THE MONTH

An unusual case of abdominal pain

Un caso peculiar de dolor abdominal

Marta García-Calonge[a,*], **Pedro Pujante**[b], **Isabel Pérez-Martínez**[a]

[a] *Department of Gastroenterology, Hospital Universitario Central de Asturias, Oviedo, Spain*
[b] *Department of Endocrinology and Nutrition, Hospital Universitario Central de Asturias, Oviedo, Spain*

A 16-year-old girl presented in various occasions with abdominal pain, vomiting and fever, being diagnosed with cecoileitis through abdominal ultrasound and CT scan (Fig. 1A). She underwent an ileocolonoscopy with normal results. As previous medical history she had been diagnosed of celiac disease in January 2020 based on epigastric pain, positive AntiTG2 antibodies and HLA DQ2.8, having Marsh 1 in duodenal biopsies.[1]

In her last admission she had a notably hyponatremia, hypoglycemia and a tendency to hypotension. A marked hyperpigmentation was noticed, especially in the back of the hands and knuckles (Fig. 1B). Joined to the unclarified abdominal pain, fatigue and a marked weight loss in the last months, a suspicion diagnosis of adrenal insufficiency was made.

A basal cortisol of 4 μg/mL (normal range 6.24–18), ACTH of 821 pcg/ml (5.2–40.3) and positive anti 21 hydroxylase antibodies led to the diagnosis of autoimmune primary adrenal insufficiency (Addison disease).[2] No abnormalities were seen in the adrenal glands in CT scan performed during admission. Thyroid disorders and diabetes mellitus were discarded. When asked about family history, only her mother referred skin vitiligo. No other autoimmune diseases or polyglandular syndromes were found.

Followed up also from endocrinologists she started treatment with hydroaltesone at replacement dose, with a rapid disappearance of the abdominal clinic and normalization of natremia and blood pressure findings.[3] Her skin hyperpigmentation also disappeared (Fig. 1C). She was discharged and in medical checkups she nowadays refers a great

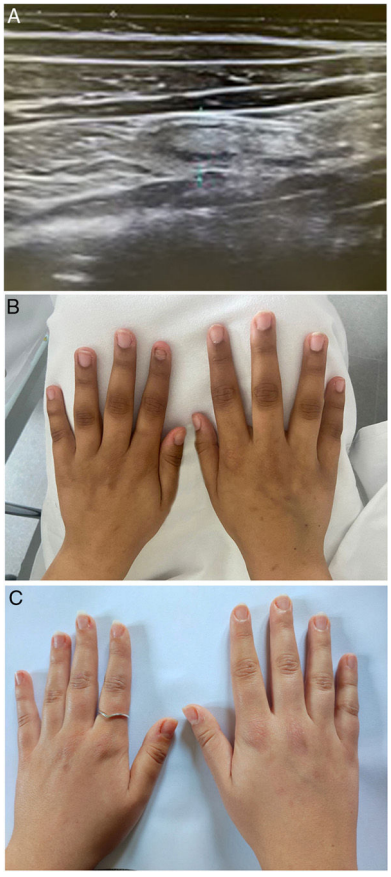

Figure 1 (A) Ultrasound imaging of cecoileitis. (B) Hands hyperpigmentation at diagnosis. (C) Resolution of hyperpigmentation after treatment

* Corresponding author.
E-mail address: martagcalonge@gmail.com (M. García-Calonge).

improvement with no limitations in active life and no recurrence of abdominal pain attacks.

Conflict of interest

The authors declare no conflict of interest.

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