



OSILODROSTAT IN THE TREATMENT OF ECTOPIC CUSHING'S SYNDROME. A CASE REPORT

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BACKGROUND AND IMPORTANCE

Ectopic Cushing's Syndrome (ECS) is a low-incidence manifestation of high morbidity and mortality, which occurs with hypercortisolism caused by uncontrolled secretion of adrenocorticotropin (ACTH) associated with tumors, including pulmonary origin. The condition often presents with severe metabolic disturbances, making early diagnosis and management essential. To treat endogenous Cushing's syndrome, drugs such as metyrapone, ketoconazole, and osilodrostat are available to control hypercortisolism. In this case, this treatment has been extrapolated to this patient to treat ECS of pulmonary origin.

AIM AND OBJECTIVES

Effectiveness of osilodrostat, an 11 β hydroxylase inhibitor (enzyme responsible for the final step of cortisol biosynthesis in the adrenal gland) in a patient with Cushing's syndrome secondary to ECS of pulmonary origin.

MATERIAL AND METHODS

Retrospective and descriptive study of a patient with ECS of pulmonary origin treated with osilodrostat. Data were obtained from the digital medical record. A literature review was conducted in PubMed and UptoDate.

RESULTS

A 72-year-old patient was diagnosed with cortisol overproduction secondary to ectopic ACTH production of pulmonary origin. The Endocrinology Department contacted the Hospital Pharmacy Department for joint therapeutic management.

Metopirone

- Ruled out due to the risk of worsening hypokalemia

Ketoconazol

- Foreign medication
- After requesting it, rejected due to the presence of a marketed domestic therapeutic alternative: Osilodrostat

Osilodrostat

- Should be used if other alternatives fail
- Rejected Ketoconazol

Treatment was therefore initiated with osilodrostat 20 mg/12 h concomitantly with hydrocortisone due to the risk of adrenal insufficiency due to complete inhibition of cortisol synthesis.

Variables (normal range)	At baseline	Treatment with osilodrostat
ACTH levels (7.2 - 63.3 pg/ml)	142 pg/ml	79.6 pg/ml
Cortisol levels (4.82 -19.5 mcg/dl)	97.7 mcg/dl	7.55 mcg/dl
Potassium levels (3.5-5.1 meq/L)	2.5 mEq/L	4.5 meq/L

Given clinical stability, oncologic treatment has been initiated.

CONCLUSIONS

Treatment with osilodrostat for pulmonary ECS has proven to be effective in controlling hypercortisolism. Coordination and cooperation between the Pharmacy and Endocrinology departments is essential for optimal therapeutic management.



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