



Lecture.13 Presenting problems in endocrine disease

Endocrine diseases present in many different ways and to clinicians in many different disciplines. Often, however, the presentation is with non-specific symptoms (Box) or with asymptomatic biochemical abnormalities. Endocrine diseases are encountered in the differential diagnosis of common complaints, including electrolyte, abnormalities, hypertension, obesity and osteoporosis.

i 20.3 Examples of non-specific presentations of endocrine disease	
Symptom	Most likely endocrine disorder(s)
Lethargy and depression	Hypothyroidism, diabetes mellitus, hyperparathyroidism, hypogonadism, adrenal insufficiency, Cushing's syndrome
Weight gain	Hypothyroidism, Cushing's syndrome
Weight loss	Thyrotoxicosis, adrenal insufficiency, diabetes mellitus
Polyuria and polydipsia	Diabetes mellitus, diabetes insipidus, hyperparathyroidism, hypokalaemia (Conn's syndrome)
Heat intolerance	Thyrotoxicosis, menopause
Palpitations	Thyrotoxicosis, pheochromocytoma
Headache	Acromegaly, pituitary tumour, pheochromocytoma
Muscle weakness (usually proximal)	Thyrotoxicosis, Cushing's syndrome, hypokalaemia (e.g. Conn's syndrome), hyperparathyroidism, hypogonadism
Coarsening of features	Acromegaly, hypothyroidism

Cushing's disease



Hyperthyroidism:





Hypothyroidism:



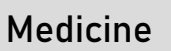
Acromegaly:

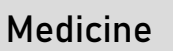


Addison' disease



Although diseases of the adrenal glands, hypothalamus and pituitary are relatively rare, their diagnosis often relies on clinical observation in a patient with non-specific complaints, so it is important that clinicians are familiar with their key features.

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