Cushing's Disease Focussed Examination

Note: the instructions may be non-specific e.g. 'examine this patient's endocrine status' (could be Cushing's, acromegaly or hypothyroidism). In this case, approach by asking a few focussed questions (if allowed) and doing a general inspection to determine which condition is present and then proceed with the relevant focussed examination to elicit all the signs of the condition.

Introduction

<u>W</u>ash hands, <u>I</u>ntroduce self, ask <u>P</u>atients name & DOB & what they like to be called, <u>Explain examination and get consent</u>



<u>Focussed questions (will probably be needed to differentiate between Cushing's and hypothyroidism)</u>

GENERAL:

What happened when you first presented with this condition?

Do you have any long term conditions requiring you to take steroid medications?

Have you noticed changes in your appearance? WORK DOWN BODY:

Have you noticed mood changes?
Do you get intolerant of hot/cold?
Have you noticed any change in your periods?

General Inspection

- · Central adiposity
- Intra-scapular fat pad
- Hirsutism
- Osteoporosis effects e.g. kyphosis
- Around bed: inhalers, nebulisers, oxygen (used in COPD, asthma, interstitial lung disease)

Hands and arms

- Capillary glucose stick marks on finger pulps (secondary diabetes)
- Pigmentation (Cushing's disease)
- Deforming polyarthritis (a reason for steroid use)
- Thin skin and bruising
- · Poor wound healing

Face

- Inspection: cushingoid-like facial features (facial mooning), hirsutism, acne, telangiectasia, butterfly rash (SLE)
- Inside mouth: oral thrush, buccal pigmentation (Cushing's disease)
- Listen for hoarse voice
- Visual fields (bitemporal hemianopia in pituitary adenoma)

Neck

- Intra-scapular fat pad
- Supraclavicular fat pads

Chest and abdomen

- Classical purple striae
- Skin thinning
- Lipodystrophy from insulin injections (secondary diabetes)

Finally

Proximal myopathy (ask patient to stand up with arms crossed and shrug shoulders against resistance)

To complete

- "To complete my examination, I would measure blood pressure, dipstick urine for glucose and formally assess visual fields"
- Summarise and suggest further investigations you would do after a full history
 - o 24h urinary free cortisol
 - overnight or low dose dexamethasone suppression test



Central adiposity and striae



Buccal pigmentation



Telangiectasia