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: Hemangiopericytoma 1

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(mesenchymal tumor: , , ,) 가 .
가 -II (IGF-II)

- II (IGF-II)
IGF-II

57

9

7*9cm

. 6~7

가

1

20

(30 - 40 mg/dl)

, 1

Lantus 4~6

가 9

5

12.5%, 2

10%, 1 7%

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6.8%

40mg/dl

insulin 1.5 uIU/ml (: 5-20), C-peptide 0.1 ng/ml (:0.5-2), IGF-I 2.9 ng/ml, IGFBP-3 1209 ng/ml , IGF-II 1070 ng/ml(330-874) 가

3

400

1

가

가

: Cushing's Syndrome caused by Thymic Carcinoid

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: Alice Hyun-Kyung Tan, , , , , ,

The patient is a 20 year old female who presented initially to the Department of Nephrology at our institution with the chief complaint of generalized swelling. Approximately one year prior to admission, the patient had bilateral lower extremity edema associated with bilateral knee arthralgia. Upon admission to our hospital, she had a increase in body weight of 14 kg and developed severe acne-like lesions on the face and upper extremities. Physical examination was significant for obesity, a rounded face covered with acne, mild hirsutism, slight increase in dorsal adipose tissue, acanthosis nigricans of the axillae, violaceous striae of the abdomen and legs, and 1+ pretibial pitting edema of bilateral lower extremities. Hormonal tests showed highly elevated serum ACTH and elevated 24 hour urine free cortisol. Basal early AM cortisol did not suppress to either low-dose or high-dose Dexamethasone. Adrenal CT showed bilateral adrenal hyperplasia. Sella MRI was negative. Chest CT showed a 21 cm sized soft tissue mass in the anterior mediastinum at the level of the aortic arch. Currently the patient is status post bilateral VATS extended total thymectomy. The surgical pathology report was "Thymic large cell neuroendocrine carcinoma." The patient is currently s/p three cycles of adjuvant chemotherapy with Etoposide and Cisplatin and is scheduled for adjuvant radiation therapy on 9/18/2008. Most recent AM ACTH value is 88.39 pg/mL with a 24 hour urine cortisol of 24.4 ug/24 hours.