Abstract

Cushing's syndrome is a state of hypercortisolism of exogenous or endogenous origin giving rise to a myriad of clinical manifestations. Primary pigmented nodular adrenocortical disease is a rare cause of adrenocorticotrophic hormone-independent Cushing's syndrome of adrenal origin. We describe a 32-year-old woman presenting with biochemically confirmed overt hypercortisolism, having imaging evidence of a unilateral adrenal nodule with a slightly enlarged contralateral adrenal gland. Adrenal venous sampling failed to lateralize the disease and subsequently underwent bilateral adrenalectomy. Intraoperative histological diagnosis via frozen section analysis supported a diagnosis of pigmented adrenocortical disease. This case report highlights the importance of recognizing the condition, despite its rarity, amidst other more common causes of Cushing's syndrome, without being misguided by imaging as it poses serious therapeutic implications.