Abstract

Autoimmune polyglandular syndrome (APS) is a rare condition characterized by various clinical syndromes involving multiple endocrine organs, and primary adrenal insufficiency is one of its known manifestations, specifically in Autoimmune Polyglandular Syndrome Type 1 or 2. We present the case of a 31-year-old female with a medical history of beta Thalassemia trait and primary hypothyroidism presenting with recurrent episodes of confirmed hypoglycaemia without hyperpigmentation, postural hypotension, or hypoaldosteronism. Her investigations confirmed fasting hypoglycaemia and low C-peptide levels, indicating non-insulin dependent hypoglycaemia. The diagnosis of primary adrenal insufficiency was established based on markedly low serum cortisol levels, elevated adrenocorticotropin hormone levels, and an unsuccessful ACTH stimulation test. Autoimmune Polyglandular Syndrome Type 2 was suspected due to the coexistence of primary hypothyroidism and adrenal insufficiency. The patient showed improvement with a combination of oral levothyroxine and hydrocortisone treatment. This case emphasizes the significance of considering APS in patients with multiple endocrine deficiencies, even when presenting with atypical symptoms such as hypoglycaemia. Thorough evaluation and careful management are crucial, particularly when initiating thyroxine treatment for suspected primary hypothyroidism, in order to prevent the unmasking of underlying adrenal insufficiency