Abstract.

Adrenal insufficiency (AI) frequently occurs in critically ill individuals with cirrhosis, yet assessing the status of the hypothalamus-pituitary-adrenal axis in such cases poses challenges. Primary adrenal insufficiency and decompensated advanced cirrhotic liver disease (dACLD) may exhibit similar features. The term “hepatoadrenal syndrome” encompasses AI in advanced liver disease complicated by sepsis or other factors. The multifactorial pathophysiology of AI in cirrhosis remains incompletely elucidated, partly attributed to diminished cholesterol synthesis, including high-density lipoprotein (HDL) and low-density lipoprotein (LDL) within the liver. A 46–year- old live-donor liver transplant candidate was admitted with recurrent episodes of postural dizziness and early morning hypoglycemic episodes without hypoglycemic unawareness for two weeks. He was otherwise stable without overt features of decompensation of liver disease or sepsis. A diagnosis of AI was made based on a very low 9 am cortisol level and his symptoms responded well to steroids.