abnormally elevated plasma levels of glucocorticoids, which can be either exogenous or endogenous (cortisol). Exogenous CS has been associated with homeopathic and allopathic products with anti-inflammatory properties, has been demonstrated in many of them, that there are steroid contributions in these drugs which are not reported in their inserts and in prolonged exposure generate BMS. **Clinical Case:** We present the case of a 23-year-old female with a history of polycystic ovarian syndrome in management with ciproterone acetate and metformin 500 mg dia, who has gained 12 kilos of weight in two months, Progressive appearance of violaceous stretch marks on the thighs, arms and abdomen, associated with diaphoresis, hyporexia, acneiform, rash and hirsutism. The symptoms were related to the use of natural anti-inflammatory cream, for joint pains in knee and shoulders based on natural extracts of Boswellia Serratia during the last three months. It presents paraclinics with post-dexamethasone serum cortisol levels in 1. 25, ACTH 1. 5, Urinary cortisol 20. 24 ug/24h, urinary volume 0. 88 L/24H, DHA -S 27. 1Ug/dl, Free testosterone <0.24 pg/ml, TSH 2. 59 ng/dl, Free-T4: 1. 16 ng/dl, Prolactin: 31 Ng/ml (0–23), Somatomedin C: 109 Ng/ml, (92.9–342.0), HBAC1: 5. 37%, preprandial and postprandial glycemia: 90–133 mg/dl, Am Cortisol:1.11 mcg/dl (6–18 Mcg/dl), Basal Insulin: 74 uUI/ml., Postprandial Insulin: 57 uUI/ml. Clinical findings and dynamic biochemical studies of the adrenal axis, with a positive dexamethasone suppression test and no findings suggesting ectopic production; it was confirmed that the diagnosis of exogenous CS is associated with the use of topical anti-inflammatory. With the of the drug's suspension, clinical findings have improved, and cortisol levels have decreased. **Conclusion:** Exogenous hypercortisolism associated with the use of topical anti-inflammatory drugs is not frequent. The first case reported an association with the use of a topical drug based on Boswellia Serrata. In conclusion, with the presence of signs and symptoms of CS the recent use of herbal products by any route of administration and by excluding other causes of endogenous hypercortisolism (central or ectopic) and exogenous, the use of homeopathic products should be suspected as an etiology. Nowadays, there are no reports of exogenous Cushing by BS. The first case is described, without omitting the possibility of unknown compounds in the topical preparation.

Adrenal

ADRENAL CASE REPORTS

Familial Adenomatous Polyposis Associated With Bilateral Adrenocortical Tumors and Agressive Desmoid Tumor

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Background: Familial adenomatous polyposis (FAP) is an autosomal dominant condition caused by germline mutation in the tumor suppressor gene APC. FAP occurs in 1 to 10.000 individuals, and is characterized by hundreds to thousands of colonic adenomatous polyps with a high risk of developing into colorectal cancer. Extracolonic manifestations can be malignant or benign. The major causes of morbidity and mortality in patients with FAP are abdominal desmoid tumors, with incidences ranging between 7% and 17%. Adrenal incidentaloma are frequently discovered in these patients, generally as benign lesions when they undergo abdominal CT-scan in the course of surveillance. Adrenal lesions in FAP ranged from 7.4% to 16%. We described an unusual patient with FAP, associated with autonomous cortisol production due to bilateral adrenal tumors and the development of aggressive desmoid tumor after unilateral adrenalectomy. **Clinical Case:** A 33-years-old female FAP-patient presented with abdominal pain, weight gain (10kgs), humor instability, paroxysmal of chest pain, dizziness and tremors. The abdominal MRI showed a heterogeneous, left adrenal mass (9.0 x 7.9 x 6.7cm), suspected for malignant tumor, and right adrenal mass with 3.6 x 1.8 cm suggestive of adenoma. Abdominal CT and PETCTFDG revealed on the left adrenal lesion with 33UH and maxSUV 3.9 and a right adrenal lesion 13UH and maxSUV 3.1. Serum hormone levels were as follows: cortisol after DST (1mg-dexamethasone) 4.8 ug/Dl, ACTH 8,8pg/Ml with no other abnormal hormone secretion detected. Patient underwent left adrenalectomy. Histological analysis revealed Weiss 1, modified Weiss 2 and Ki67 <1% compatible with adenoma. On follow-up, abdominal MRI revealed a 4.3cm-solid-homogeneous mass at the surgical incision, suspected of malignance. The mass progressively enlarged to 6.3 cm in diameter. Histological analysis of the biopsy identified a desmoid tumor. The contralateral adrenal tumor maintained stable during the follow-up; however, it began to produce cortisol autonomous secretion as observed on DST. The patient developed metabolic syndrome and did not present classical Cushing' syndrome. Contralateral adrenalectomy was contraindicated because of concern of emergence of a new desmoid tumor. **Discussion:** FAP-associated with adrenal tumors can produce mineralocorticoids, corticosteroids, or both. Although adrenal cortical tumors have been reported frequently in FAP patients, the presence of bilateral commitment tumors on adrenal glands is extremely rare. **Conclusion:** We reported a woman with FAP and bilateral adrenal tumors with non-synchronic cortisol secretion associated with an aggressive desmoid tumor developing after the adrenalectomy. The patient is taking an adrenal inhibitor of steroidogenesis to control cortisol secretion and to provide clinical improvement.

Adrenal

ADRENAL CASE REPORTS

Giant Adrenal Pheochromocytoma Presenting With Stroke

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Background: Pheochromocytomas and paragangliomas (PPGLs) are rare neuroendocrine tumours arising from the adrenal medulla or from paravertebral ganglia of the