Endocrine emergencies in critically-ill patients: Challenges in diagnosis and management: Comment

Sir,

I read with interest the excellent review article on "Endocrine emergencies in critically-ill patients: Challenges in diagnosis and management" by Bajwa and Jindal in the September-October 2012 issue of your journal.[1] The article addressed mainly endocrine emergencies in the adult population. In the pediatric population, one needs to consider both congenital and acquired endocrine disorders, which may present as an emergency. As in adults, diabetic keto-acidosis is the most common endocrine emergency. Persistent hyperinsulinemic hypoglycemia of infancy (PHHI) may be seen in neonates and infants.[2] Besides thyroid storm, one may encounter thyrotoxic periodic paralysis with the patient requiring ventilation at admission.[3] As in adults, adrenal crises are seen with conditions like meningococcemia. Neonates with congenital adrenal hyperplasia (CAH) could present with dehydration and shock.[4] The diagnosis is not difficult in females with CAH who will have ambiguous genitalia but should be also be thought of in males who present with dehydration and salt-wasting. Children with ACTH insensitivity may present at any age with hypotension and hypoglycemic seizures.[5] A careful clinical history maintaining a high index of suspicion for an endocrine problem and aggressive management are required to prevent mortality from endocrine emergencies.

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