UCLA Health

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Abstract Form

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Project Title:	Atypical Presentation of Suspected Hypopituitarism in a Patient with IgA Nephropathy

Research Category (please check one):

☐	**Original Research**	☒	**Clinical Vignette**	☐	**Quality Improvement**	☐	**Medical Education Innovation**

Abstract

Introduction: The treatment of IgA nephropathy with steroids typically involves the use of oral corticosteroids, which can help to reduce inflammation and slow the progression of kidney damage. Steroid treatment can be associated with significant side effects, such as weight gain, increased risk of infection, and even psychosis. We present a patient who presented with psychosis secondary to corticosteroid use for IgA nephropathy. He was admitted for further management and on admission he was found to have features and suspected of hypopituitarism since birth.

Methods: IRB approval was obtained. Single patient chart review was conducted.

Case Report: Patient is a male in his late 20s who presented to the hospital for acute onset psychosis. Patient was in normal state living with family member when he began to endorse suicidal attempts. He was brought to the hospital found to be on prednisone taper for last five months due to IgA nephropathy. While he was inpatient, he continued on prednisone taper however outside records obtained demonstrated patient demonstrated from childhood hormone deficiency. Closer physical exam led to suspect further hormone deficiency. He underwent laboratory workup which demonstrated low levels of luteinizing hormone, follicle stimulating hormone, testosterone. His ACTH and dexamethasone suppression was abnormal however patient remained on prednisone therapy. He was found to be suffering from adrenal insufficiency and transitioned to hydrocortisone twice daily. During hospital stay he continued to improve with plan to continue further workup outpatient.

Conclusion: Steroid treatment is commonly used to manage IgA nephropathy and panhypopituitarism, but it can also lead to significant side effects and complications, including psychosis and rare cases of hypopituitarism. Therefore, it is crucial to closely monitor and manage potential complications when using steroids to treat any medical condition. Our patient with IgA nephropathy demonstrated the possible complications of steroid use, and further evaluation revealed suspected hypopituitarism since birth. This highlights the importance of thorough monitoring and evaluation for potential underlying conditions when using steroids in the treatment of any medical condition.