

Hypotensive presentation of cardiac tamponade can simulate Addisonian crisis

Sir,

The article by Feeney et al (<https://doi.org/10.12968/hmed.2018.79.3.C34>) is testimony to the fact that hypotension is a cardinal feature of Addisonian crisis (Allolio, 2015). Nevertheless, clinicians ought to recognize that in some patients there might be risk factors, unique to subtypes of Addison's disease, which render those patients susceptible to sudden onset and life-threatening hypotension simulating Addisonian crisis.

For example, when polyserositis is a component of polyglandular syndrome type 2, sudden onset hypotension might be attributable to cardiac tamponade, the latter a complication of polyserositis-related pericardial effusion (Torfoss et al, 1997; Alkaabi et al, 2008; Walsh and Tobias, 2017). In its hypotensive presentation, cardiac tamponade can simulate Addisonian crisis. Alternatively, it can simulate sepsis (Alkaabi et al, 2008), itself a recognized precipitating factor for Addisonian crisis. When cardiac tamponade is misattributed to sepsis this may

delay recognition and definitive treatment of the episode of cardiac tamponade (Alkaabi et al, 2008). This was the case in 'patient 3' who was treated initially as if she had sepsis before the diagnosis of cardiac tamponade and Addison's disease was made (Alkaabi et al, 2008).

Absence of elevation in jugular venous pressure does not negate the diagnosis of polyglandular syndrome type 2-related cardiac tamponade, given the fact that some polyglandular syndrome type 2 patients may belong to the 'low-pressure cardiac tamponade' subtype characterized by absence of elevation in jugular venous pressure (Walsh and Tobias, 2017). Regardless of cardiac tamponade subtype, the typical response to pericardiocentesis is a clinical improvement, accompanied by resolution of the hypotensive episode (Torfoss et al, 1997; Alkaabi et al, 2008; Walsh and Tobias, 2017). The caveat is that polyglandular syndrome type 2-related cardiac tamponade may run a relapsing course, characterized by episodic recurrences (Torfoss et al, 1997; Alkaabi et al, 2008).

In Addisonian patients cardiac tamponade can simulate Addisonian crisis or septic shock. It needs to be recognized as an entity which requires specific treatment in its own right.

OMP Jolobe

*Retired Geriatrician
Manchester Medical Society
Manchester M13 9PL*

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Professor Rob Miller, Editor-in-Chief, BJHM
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Email: rebecca.linssen@markallengroup.com