Cortisol Excess and Insufficiency
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Volume Editors

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Preface

Disorders associated with altered cortisol secretion, excessive or insufficient, are associated with important morbidity and mortality.

Cortisol deficiency or Addison’s disease was named after the British physician Thomas Addison who, in 1855, first described the typical signs and symptoms of hypoadrenalism, together with autopsic findings, in 11 patients. Almost a century later, the American neurosurgeon Harvey Cushing reported the case of a 23-year-old woman presenting with obesity, hypertrichosis, amenorrhea, overdevelopment of secondary sexual characteristics, abdominal striae rubrae, skin ecchymosis, signs of increased cerebral tension and impaired glucose tolerance, secondary to a corticotroph pituitary adenoma.

Today, hyper- and hypocortisolism are still considered rare disorders; however, because their onset is often insidious with nonspecific signs and symptoms, and the biochemical picture is not so clear, their incidence appears highly underestimated. Hypocortisolism can be life-threatening if not promptly recognized and treated, while detrimental effects of hypercortisolism occur in the long term. Both diagnosis and management are challenging and, even when properly recognized and treated, these disorders still are associated with significant physical and psychological sequelae.

This volume provides a broad overview of the most recent findings – mainly derived from human studies – and present still debated questions for those conditions associated with altered cortisol secretion.

The issue is structured into two main sections. The first 8 chapters focus on hypercortisolism, presenting the new pathophysiology and genetic findings, typical signs, symptoms and comorbidities. They discuss the diagnostic pitfalls and difficulties in the management of chronic hypercortisolism according to the anatomical origin, and look at the long-term impact of the various therapies. Chapters 9–16 are aimed at giving the reader the most recent data on the epidemiology, genetic and molecular mechanisms of autoimmune primary adrenal insufficiency. They focus on the peculiar clinical aspects associated with primary and secondary hypocortisolism,
and discuss peculiarities, advantages and limitations of the new cortisone formulations with respect to standard therapy, taking into consideration the balance between good quality of life for the patients and the long-term risk profile, clinical management and costs. Chapters 10 and 15 are also devoted to hypoadrenalism in the context of autoimmune polyendocrine syndromes and congenital adrenal hyperplasia, with a special focus on the new potential in utero diagnostic methods and their impact on patient management.

We hope that this issue of the series *Frontiers of Hormone Research* will be a valuable tool for endocrinologists, as well as for internal medicine doctors and general practitioners, for a reasoned and comprehensive update on the state of the art in the field of disorders associated with hyper- and hypocortisolism, and act as a guide in their management.

The volume and series editors gratefully thank all of the authors who devoted their time and efforts to contribute to this volume, and the staff at Karger who preciously assisted with its timely completion.

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