PO 051 SUCCESSFUL PREGNANCY IN CUSHING DISEASE ON KETOCONAZOLE TREATMENT

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Ketoconazole (Ktc) has been successfully used as an adjuvant Cushing's syndrome treatment. However, it is not recommended in pregnancy because of its teratogenic potential mainly because of its antiandrogen effects, which could interfere with the development of the external genitalia of female fetuses. In this paper we report a case of a Cushing's disease patient who became pregnant under Ktc therapy. **Case report:** A 34-year-old woman with CD was attended in a tertiary center of Endocrinology in Brazil. She had undergone two unsuccessful pituitary transsphenoidal surgeries and external radiotherapy at the same year of the surgeries. To control CD activity, Ktc was started soon after surgery (200-400 mg/day) and maintained for eight years when struck in proper control of the disease and was stopped. After six months of drug withdrawal the patient started with high blood pressure (190/110 mmHg), weight gain and cortisol 1 mg overnight of 17 µg/dl. Ktc was reintroduced (200 mg twice/day) and antihypertensive agents were initiated. Seven months under Ktc there was hypercortisolism control. Ten months after Ktc reintroduction, the pregnancy was diagnosed and the antihypertensive drugs were replaced by methyldopa and acetylsalicylic acid 100 mg/day was initiated. At seven weeks of gestation Ktc had been suspended. At 16 weeks of gestation the urinary free cortisoluria 24 hours (UFC) was 299 µg/24h and 456 µg/24h (37-136 µg/24h). At that moment Ktc (400 mg/day) was restarted, considering that at 16 weeks of gestational age the risk of hypercortisolism was larger than the use of Ktc. After one week under Ktc, the UFC was 181 µg/24h. Gestational *diabetes mellitus* was diagnosed and controlled with diet. At 20 weeks of gestational age the fetal ultrasound showed adequate fetal growth. At 31 weeks of gestation a premature labor was suspected. The patient was admitted and received the first dose of dexamethasone for fetal maturation. Ktc was suspended for a month, and then again reintroduced and maintained out of the labor. Vaginal delivery at 36 weeks of gestation of female newborn, weighing 2770g, 48 cm in length, no congenital abnormalities, and normal female genitalia. Patient could not breastfeed. Diabetes was resolved. She remained without Ktc for five months after delivery, then it was restarted (200 mg twice/day) by increased levels of UFC. After two months under Ktc, the UFC normalized. The case progressed satisfactorily, with adequate hypercortisolism and metabolic control. This report shows that Ktc can be a safe alternative in cases of pregnancy on CD, since a close medical follow-up be done.