Canine Hypercortisolism: **Treatment**

HYPERCORTISOLISM

Pituitary-dependent hypercortisolism

Diagnostic imaging of pituitary and adrenals

- Pituitary macrotumours may result in headache or neurological signs.

Large pituitary tumour

- Hypophysectomy
- Radiotherapy

Small pituitary tumour

- Trilostane

Management trilostane

- Starting dose: twice daily 0.5 mg/kg*
- Monitoring is based mainly on clinical signs, and
  - ACTH stimulation test (see flow chart ACTH stimulation test)
  - Pre-pill cortisol concentration (see flowchart Dechra PVC)

Hypercortisolism due to an adrenal tumour

Diagnostic imaging of pituitary, abdomen and lungs

- Determine the size of the adrenal tumour and identify possible vascular or local soft tissue invasion, metastases and contralateral adrenocortical atrophy.

If adrenalectomy is not an option

- Trilostane
- (Mitotane)

If metastases are not visible and the adrenal tumour can be removed surgically

- Adrenalectomy

Management trilostane

- Starting dose: twice daily 0.25 mg/kg*
- Monitoring is based mainly on clinical signs, and
  - ACTH stimulation test (see flow chart ACTH stimulation test)
  - Pre-pill cortisol concentration (see flowchart Dechra PVC)

* The datasheet for trilostane states a trilostane starting dose of approximately 2 mg/kg given once daily

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* The specific reference range of the laboratory should be used
** In rare cases, secondary hypoadrenocorticism is detected (low endogenous ACTH)

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