



**The Association of Serum Total Cortisol As  
Adrenal Response Marker And Severe  
Community Acquired Pneumonia**

*Thesis*

*Submitted for Partial Fulfillment of Master  
Degree in Chest Diseases & Tuberculosis*

*Presented By*

**Eman Sabry Kamal Mohamed**

*M.B.B.Ch.*

*Supervised By*

**Prof. Magdy Mohamed Khalil**

*Professor of Chest Diseases and Tuberculosis  
Faculty of Medicine - Ain Shams University*

**DR. Maram Mohamed Maher**

*Assistant Professor of Internal Medicine and Endocrinology  
Faculty of Medicine - Ain Shams University*

**DR. Maryam Ali Abd Al-kader**

*Lecturer of Chest Diseases and Tuberculosis  
Faculty of Medicine - Ain Shams University*

*Faculty of Medicine*

*Ain Shams University*

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

قالوا

سبقتناك يا معلم لنا  
إلا ما علمتنا إنك أنت  
العليم العظيم

صدق الله العظيم

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## *List of Abbreviations*

Abb.	Full term
µg/ dl .....	Microgram/deciliter
ACIP .....	Advisory Committee on Immunization Practices
ACTH.....	Adrenocorticotropin hormone
AKI .....	Acute kidney injury
APCs .....	Antigen-presenting cells
ARDS.....	Acute respiratory distress syndrome
ATS .....	American Thoracic Society
AVP.....	Vasopressin hormone
BAL.....	Broncho-alveolar lavage
CAP .....	Community-acquired pneumonia
CIRCI.....	Critical illness-related Corticosteroid insufficiency
COMT .....	Catechol-O-methyltransferase gene affected people's multitasking performances
COPD.....	Chronic obstructive pulmonary disease
CRH .....	Corticotrophin releasing hormone
CRH .....	Corticotropin-releasing hormone
CRP .....	C-reactive protein
CT scan.....	Thoracic computed tomography
CURB-65 .....	Confusion, urea nitrogen, respiratory rate, BP, age: 65 years
D2.....	Dopamine type 2
ESR .....	Erythrocyte sedimentation rate.
FKBP-5.....	Fragment K binding protein – 52 antibody
GCS.....	Glasgow coma scale
GH.....	Growth hormone
GHRH.....	GH releasing hormone
GmbH.....	Gesellschaft mit beschränkter Haftung which means "company with limited liability."
GRMF .....	Glucosteroid response modifying factor
H. influenza .....	Heamophilus influenza
HDL .....	High-density lipoprotein
HPA .....	The hypothalamic-pituitary-adrenal
hPL .....	Human placental lactogen
ICU .....	Intensive care unit



*List of Abbreviations cont...*

Abb.	Full term
IDSA.....	Infectious Diseases Society of America
IFN.....	Interferon
IL.....	Interleukin
IRVS .....	Intensive respiratory or vasopressor support
IV .....	Intravenous
JAK.....	Janus kinase
NIV .....	Non-invasive ventilation
nmol/L .....	Nanomol/Liter
PCR.....	Polymerase chain reaction
PCT.....	Procalcitonin
POD .....	Per oral dose
POMC .....	Proopiomelanocortin
PRL.....	Prolactin
PSI .....	Pneumonia severity index
PVN .....	Paraventricular nucleus
RIFLE.....	Risk Injury Failure Loss
RR .....	Respiratory rate.
S. aureus .....	Staphylococcus aureus
S. pneumoniae .....	Streptococcus pneumoniae
SaO <sub>2</sub> .....	Arterial oxygen saturation
SCAP .....	Severe community acquired pneumonia
Serum T. cortisol..	Serum total cortisol
SNS.....	The sympathetic nervous system
SRIF.....	Somatotropin-release inhibiting factor
STAT.....	Signal transduction and activators of transcription
Th.....	T helper
TLC .....	Total leucocytic count.
TNF.....	Tumor-necrosis-factor
TUS.....	thoracic ultrasound
V1.....	Vasopressin receptor 1

## *List of Abbreviations cont...*

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Abb.	Full term
Val/Met .....	The amino acids methionine and valine in certain paired positions in the molecular structure of the COMT enzyme
Val/Val.....	The amino acid valine in certain paired positions in the molecular structure of the COMT enzyme
VO2 max .....	Maximal oxygen consumption, maximal oxygen uptake

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## ABSTRACT

The study showed that there was no statistically significant difference in serum total cortisol level regarding bacterial etiology and combined bacterial and viral etiology.

The study found also that there was no statistically significant difference in serum total cortisol level between CT chest pneumonia patterns.

The study found also there was no statistically significant difference in serum total cortisol level between the patients who were on mechanical ventilation and the patients who were not.

The study showed that there was no correlation between serum total cortisol and glasgow coma scale, arterial blood gases and total leucocytic count.

The study found that the patients had a statistically significant increase in the mean value of serum total cortisol among level when compared with controls.

In this study we found serum total cortisol level was positively correlated with the pneumonia severity index.

**Keywords:** Interleukin- Intravenous- Intensive respiratory or vasopressor support- Polymerase chain reaction- Proopiomelanocortin- Pneumonia severity index- Respiratory rate

## INTRODUCTION

Community-acquired pneumonia (CAP) is the most common cause of death associated with infectious disease in the United States. More than one million patients with CAP require hospitalization annually, 10% of whom will be admitted to an intensive care unit (*Niederman, 2009*).

Community-acquired pneumonia (CAP) is an acute lower respiratory tract inflammation acquired from the community with cough, increased body temperature, dyspnea pleural chest pain and tachypnea as typical symptoms. Diagnosis is confirmed with recent opacity in chest radiograph (*Woodhead et al., 2011*).

Severe community acquired pneumonia (SCAP) is a progressive disease developing from a local pulmonary infection to a systemic infection manifesting as sepsis, severe sepsis, septic shock and multiorgan failure when inflammatory cytokines spread into systemic circulation (*Waterer et al., 2011*).

Cortisol, the predominant corticosteroid secreted by the adrenal cortex, is an important endogenous regulator of inflammation. During an infectious episode, cortisol production increases, and exerts anti-inflammatory and immunosuppressive activities (*Marik, 2008*).

In patients with community-acquired pneumonia (CAP), a high serum cortisol at the moment of hospital admission is associated with an adverse outcome (*Salluh et al., 2010*).

## **AIM OF THE WORK**

**E**stimation of the serum total cortisol level in patients with severe CAP and whether it correlates with the severity of illness.

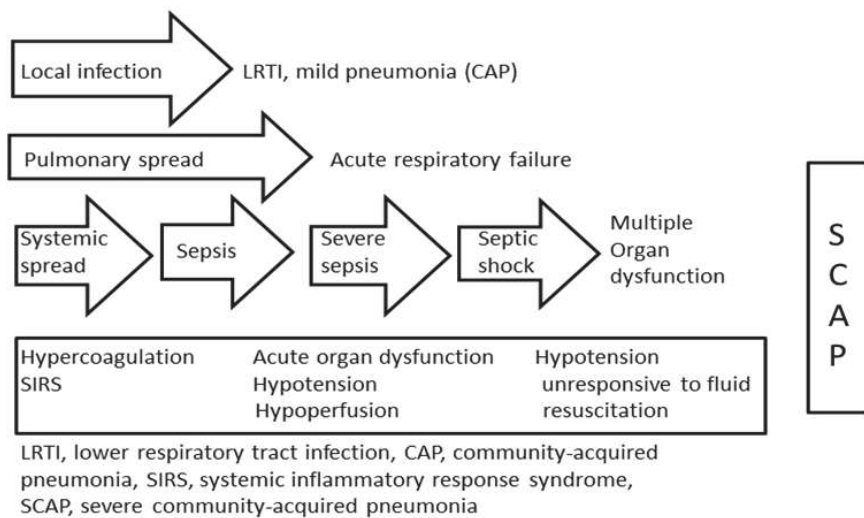
Chapter 1

## SEVERE COMMUNITY ACQUIRED PNEUMONIA

### Definition

**C**ommunity-acquired pneumonia (CAP) is an acute lower respiratory tract inflammation acquired from the community with cough, increased body temperature, dyspnea pleural chest pain and tachypnea as typical symptoms. Diagnosis is confirmed with recent opacity in chest radiograph (*Woodhead et al., 2011*).

Severe community acquired pneumonia (SCAP) is a progressive disease developing from a local pulmonary infection to a systemic infection manifesting as sepsis, severe sepsis, septic shock and multiorgan failure when inflammatory cytokines spread into systemic circulation (*Waterer et al., 2011*).



**Figure (1):** The progression of CAP to SCAP (*Rello, 2008*).