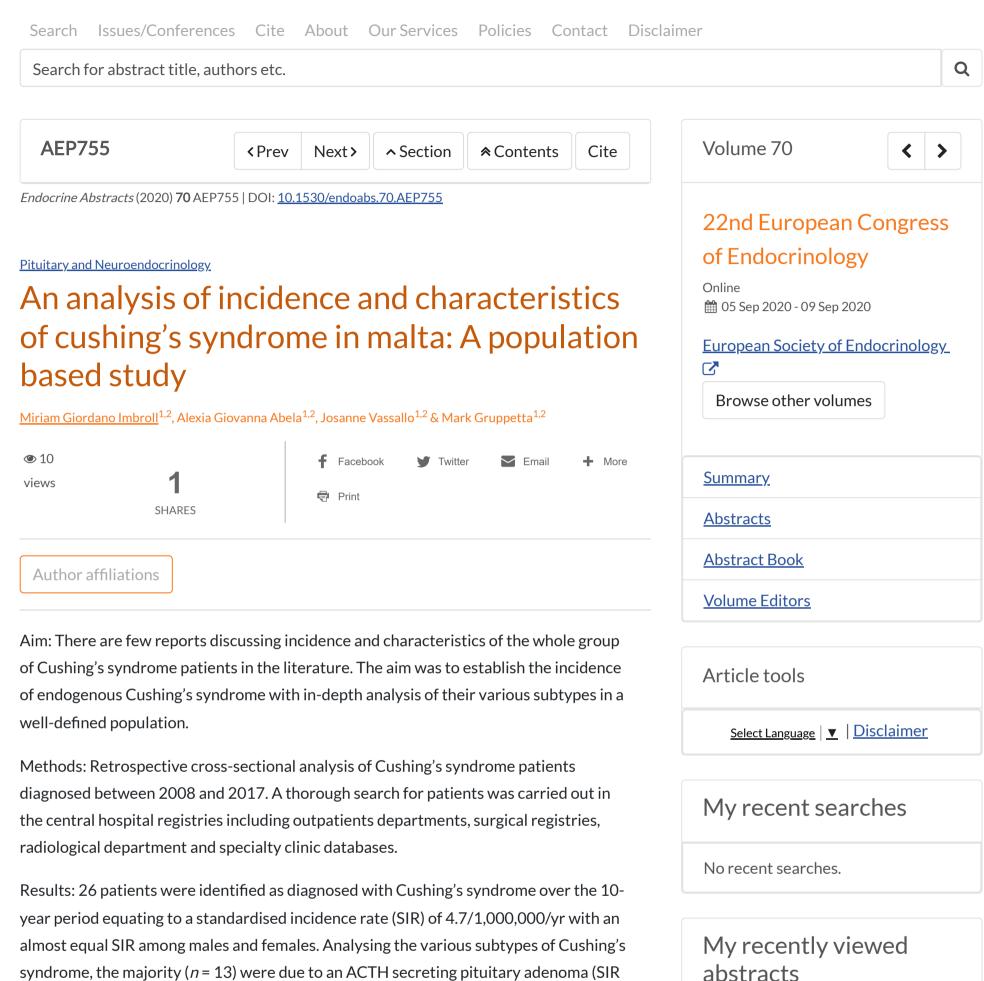
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Results: 26 patients were identified as diagnosed with Cushing's syndrome over the 10-year period equating to a standardised incidence rate (SIR) of 4.7/1,000,000/yr with an almost equal SIR among males and females. Analysing the various subtypes of Cushing's syndrome, the majority (n = 13) were due to an ACTH secreting pituitary adenoma (SIR 2.5/1,000,000/yr). In this subtype males had a SIR of 3.4/1,000,000/yr compared to 1.7/1,000,000/yr in females. ACTH independent Cushing's had a SIR of 1.8/1,000,000/yr with a strong female predominance (9:1) (SIR females: 3.0/1,000,000/yr; males: 0.5/1,000,000/yr). The SIR of ectopic ACTH secreting tumours was 0.4/1,000,000/yr. Interestingly hypokalaemia was present at diagnosis in those patients who harboured malignant causes for their Cushing's syndrome (ectopic ACTH secreting tumours or adrenocortical carcinomas) and had markedly elevated cortisol levels at baseline compared to the rest (P < 0.001). Mean cortisol post overnight dexamethasone suppression testwas 1714 nmol/l ($\pm 692 \text{ S.D.}$) in the malignant patients and 522 nmol/l ($\pm 288 \text{ s.d.}$) in those patients with a benign tumour (P = 0.004). Mean ACTH values for

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Endocrine Abstracts

ISSN 1470-3947 (print) | ISSN 1479-6848 (online)

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