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COMPARATION OF HIGH DOSE AND LOW DOSE COSYNTROPIN TEST IN SEPTIC SHOCK PATIENTS. *Evandro Lucas de Borba, Rafael Barberena Moraes, Tiago Tonietto, Henrique Saltz, Fabiano Nagel, Gilberto Friedman, Mauro Antonio Czepielewski (orient.) (UFRGS).*

Septic shock is associated with relative adrenal insufficiency (RAI). High-dose (HD) cosyntropin test (250 ug) is considered the standard test in diagnosis of RAI. Few studies compared the low-dose (LD) cosyntropin test (1 ug) with de HD test in the diagnosis of RAI in septic shock patients. We intend to compare both tests in critically ill patients. *Inclusion criteria:* patients with septic shock in use of vasopressor, in the ICU < 96 h, in mechanical ventilation. *Exclusion criteria:* use of steroids in last 6 months, use of drugs known to suppress adrenal function; AIDS, pregnancy, history of disease of the HPA axis. Patients underwent LD and HD testing. At baseline it was drawn cortisol (BC1) The patient received 1 ug of cosyntropin. It was also drawn cortisol at 30' and 60'. 4 hours later, the same patient received 249 ug of cosyntropin and cortisol was measured at 0' (BC2), 30' and 60'. Adrenal insufficiency was considered in patients with basal cortisol ≤ 25 ug/dL and $\Delta \leq 9$ ug/dL in the stimulation tests. Until now we have enrolled 37 patients. Medium BC1(32, 13 ± 22 , 78 ug/dL) and medium BC2 (30, 84 ± 20 , 15 ug/dL) were similar ($p=0,36$). Δ was higher in HD test than in LD test (17, 28 ± 11 , 89 ug/dL X 10, 41 ± 6 , 66 ug.dL, $p < 0,001$). In the LD test all the responders ($\Delta > 9$ ug/dL) were identified at 30'. In the HD test the responders were identified at 60' in 35 of 36 patients. 11 patients had $\Delta \leq 9$ ug/dL in the LD test but $\Delta > 9$ ug/dL in the HD test. This methodological approach showed to be adequate to compare cosyntropin tests. When performing LD test it is not necessary to measure cortisol at time 60'. When performing HD test it is not necessary to measure cortisol at time 30'.