# Subclinical Cushing's Syndrome

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Adrenal incidentalomas (AI) is an asymptomatic adrenal lesion detected in imaging tests not performed due to suspected adrenal disease. AI are one of the most frequent reasons for consultation in Endocrinology, as they are present in 3–10% of the general population. Generally, AI are nonfunctioning adenomas that do not require a specific treatment approach. However, the remaining 10–15% may be conditions that require some type of therapeutic intervention (e.g., adrenal carcinoma, pheochromocytoma, or Cushing's syndrome [CS]).

A term widely used in the context of AI was "subclinical CS". However, this terminology has become somewhat obsolete and it is currently more advisable to talk about autonomous cortisol secretion (ACS). This term aims to define AI patients with biochemical evidence of excess of cortisol, but without typical symptoms and signs of CS (mainly the lack of catabolic characteristics such as myopathy and skin fragility).

Up to 20-30% of AI may have ACS. It is important to identify these patients since ACS is associated with increased morbidity (diabetes, obesity, hypertension, osteoporosis, and cardiovascular events) and mortality. However, ACS is not easy to diagnose, mainly due to the lack of consensus on its definition and the fact that the detection of "specific" findings of CS is doctor dependent. There are different laboratory assays to detect ACS, but all of them have some limitations. The dexamethasone suppression test is the most accepted for screening. However, there is no consensus on the cutoff point that should be used. Low levels of ACTH and DHEA-S and high urinary free cortisol are also associated with ACS, but in isolation they are of little value to establish the diagnosis.