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Case Report

Adrenal insufficiency secondary to the use of Etomidate infusion in the Intensive Care Units is well described, especially in critically ill patients. Few cases of adrenal insufficiency after a single dose of Etomidate (Amidate, Abbott Laboratories, IL) have been described. The use of Etomidate for induction of anesthesia is common for the hemodynamically unstable patient or in patients who may not tolerate wide variance in heart rate or blood pressure. We present a 52-year-old male patient with past medical history of high blood pressure, chronic smoker and a cerebral vascular accident on 1994 who was scheduled for abdominal aortic aneurysm repair of 6.0cm. Before induction we placed an epidural catheter both for intraoperative anesthesia and postoperative analgesia. The patient was premedicated with Midazolam and induced with Fentanyl (2mcg/ml) and Etomidate (0.3mg/ml). During the intraoperative period the patient was hemodynamically stable. The patient developed hypotension with poor response to inotropics after surgery was completed and ten minutes after extubation. Hemodynamic instability of patient was attributed to adrenal insufficiency after a single dose of Etomidate due to low cortisol levels. Patient's critical condition improves drastically after exogenous glucocorticoids treatment.