

A 40-year-old female presented with a one-week history of vomiting and diarrhea which had continued throughout the previous week. She had a suicidal family history, too of suicide. Severe dehydration with hyponatremia was pointed out by noted on the first general initial examination. After being admitted admission, she was diagnosed as with isolated adrenocorticotrophic hormone deficiency as well as mixed connective tissue disease. Therefore, the steroid replacement therapy was initiated at the dose corresponding to 7.5 mg daily with prednisolone at 7.5 mg daily. On the following day, she experienced sensorineural hearing loss in the right ear. On the next day, the patient suffered from persecutory type paranoid disorder appeared, delusions, and hence psychiatric medication was started. After tapering-off of the prednisolone for sensorineural hearing loss, the delusion psychosis began to improve because of psychiatric medication. Her hearing level showed a partial recovery in part one month after the onset of sensorineural hearing loss. Furthermore, a No psychosis was noted at follow-up one year later, there was no psychic instability noted. It should be noted that the. The family history of psychosis and the present history of, malnutrition and connective tissue disease may be risk factors for steroid psychosis. It can develop even with 5 mg of prednisolone in a patient with any risk factor. Appropriate medical factors. Severe side effects associated with

steroid treatment may be avoided with appropriate history taking and adequate

knowledge about ~~the~~ steroid psychosis ~~could help avoid the severe side effects~~

~~associated with treatment using steroid.~~

SAMPLE