Differentiation of pathologic/neoplastic hypercortisolism (Cushing syndrome) from physiologic/non-neoplastic hypercortisolism (formerly known as Pseudo-Cushing syndrome): response to Letter to the Editor

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We apologize for the misleading statement in our article. Plasma corticotropin-releasing hormone-binding protein (CRH-BP) is detectable in pregnant women but declines towards the end of the third trimester (1). To quote from our reference 67 (2), ‘We conclude that most of the increased plasma CRH found in pregnant women is bound to CRH-BP, and so is inactive, therefore, plasma ACTH levels do not increase to above the normal range.’ Interestingly, as outlined in our reference 69 (3), the lack of a major effect of placental CRH on maternal ACTH secretion during most of pregnancy may also be due to desensitization of the maternal pituitary in addition to binding of CRH to CRH-BP, although others have suggested that placental CRH may be important in the control of the hypothalamic-pituitary-adrenal axis as well as other adaptations in women during pregnancy and parturition (3, 4). It is clear that the role of CRH during pregnancy and parturition is deserving of further research. Thank you for the opportunity to clarify our article.

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References

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