Table II. Causes of adrenal insufficiency

Primary adrenocortical insufficiency
Congenital adrenal aplasia
X-linked adrenal hypoplasia congenital (AHC) due to DAX-1 deficiency
Adrenal hypoplasia due to SF-1 deficiency
Congenital adrenal hyperplasia caused by CYP21 deficiency
Congenital adrenal hyperplasia caused by CYP11B1 deficiency
Congenital adrenal hyperplasia caused by CYP17 deficiency
Congenital adrenal hyperplasia caused by 3ßHSD2 deficiency
Congenital adrenal hyperplasia caused by CYP11A or StAR deficiency
Congenital adrenal hyperplasia caused by P450 oxidoreductase (POR) deficiency
Adrenoleukodytrophy/adrenomyeloneuropathy
Wolman disease (acid lipase deficiency)
Steroid sulfatase deficiency (X-linked icthyosis) Smith Lemli Opitz syndrome
Mineralocorticoid deficiency owing to CMOI or CMOII (CYP11B2) deficiency*
Autoimmune mediated adrenocortical insufficiency (Addison disease)

Secondary to deficient ACTH secretion
Panhypopituitarism or multiple anterior pituitary hormone deficiencies
Isolated ACTH deficiency
Cessation of pharmacologic glucocorticoid treatment
Resection of unilateral cortisol-secreting tumor
Infants born to mothers treated with glucocorticoids

Secondary to end-organ unresponsiveness
ACTH resistance
Cortisol resistance
Pseudohypoaldosteronism (mineralocorticoid resistance)*

*These disorders are characterized by deficiency of mineralocorticoid and would not be associated with hypoglycemia.