Picture 1. Patient Timeline

Male infant was born at term by spontaneous vaginal delivery following an uneventful pregnancy. Apgar score was respectively 8 and 9 at minutes 1 and 5. His birth weight was 3350 g (AGA). Vitamin K 1mg IM was given duly at birth. There was no evidence of trauma. Twenty-four hours after delivery the neonate was hyporeactive and drowsy,

Antibiotic intravenous therapy, 5% glucose solution Increasing of C-reactive protein and hyperbilirubinemia. 11/2016 in continuous infusion and phothery were started immediately with improvement. The baby developed feeding difficulties, vomiting and 12/2016 electrolytic alteration with hyperkaliemia and hyponatriemia, and abdominal distension. Abdominal ultrasonography revealed suprarenal bilateral lesion, well circumscribed with an inhomogeneous aspect but without vascular flow on Color-Doppler images as NAH. 12/2016 Further investigations revealed normal coagulation profile, NACL treatment for three days and oral no urinary tract infection or other, negative blood culture hydrocortisone (1 mg/kg) were given so that clinical and negative research invasive neonatal germs (real-time conditions improved rapidly. PCR method), normal urinary catecholamine metabolites, normal 17-OHP value, DHEAS, relationship between plasma renin and aldosterone activity, but high values of ACTH and insufficient cortisol. F/U 1: Serial ultrasound scans were performed with monthly ambulatory follow-up from the same operator. 01/2017 F/U 2: was observed progressive reduction of lesions 02/2017 with ultrasound. F/U 3: was observed a complete regression of lesions 03/2017 with ultrasound. F/U 4: Hormone therapy was reduced progressively 03/2017 with full suspension at the 88th day allowing no impairment of the hypothalamic-pituitary-adrenal (HPA) axis. 11/2017

Clinical and ultrasound F/U with good auxological growth when the baby's year old. NAH should be suspected even in the absence of important risk factors. Serial ultrasound monitoring is the most reliable method of choice during conservative management. Furthermore, the correct knowledge of the ultrasound patterns allows the safety in the differential diagnosis with other adrenal diseases.

Abbreviations:: AGA(Appropriate for Gestational Age), NAH (neonatal adrenal hemorrhage), F/U (follow up).