### Clinical Use
- Diagnose adrenal enzyme deficiencies
- Assess adrenal functional disorders

### Reference Range

<table>
<thead>
<tr>
<th></th>
<th>ng/dL</th>
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<tbody>
<tr>
<td>Men</td>
<td>3.5-11.5</td>
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<tr>
<td>Women Follicular phase</td>
<td>1.5-8.5</td>
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<td>Luteal phase</td>
<td>3.5-13.0</td>
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<tr>
<td>Pregnancy First trimester</td>
<td>5-25</td>
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<tr>
<td>Second trimester</td>
<td>10-75</td>
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<tr>
<td>Third trimester</td>
<td>30-110</td>
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<tr>
<td>ACTH Baseline stimulation</td>
<td>14-33</td>
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<td>60 min ng/dL</td>
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**Specimen Requirements**
- 3 mL refrigerated serum
- 1.1 mL minimum
- No additive red top preferred
- SST red top acceptable

### Clinical Background
Deoxycorticosterone (DOC) is a weak mineralocorticoid derived from 21-hydroxylation of progesterone in the adrenal cortex. DOC is a precursor of corticosterone and aldosterone and, like cortisol, is under the primary control of ACTH. DOC can be used therapeutically as a replacement mineralocorticoid in patients with primary adrenal insufficiency or isolated hypoaldosteronism.

### Method
- Extraction, chromatography, radioimmunoassay (RIA)
- Analytical sensitivity: 1 ng/dL

### Specimen Requirements
- DEOXYCORTICOSTERONE (DOC) 6559X

### Interpretive Information
- Congenital adrenal hyperplasia (P-450c11 deficiency)
- P-450c17 deficiency
- P-450c11ase (aldosterone synthetase) deficiency
- Cushing’s syndrome
- Primary aldosteronism
- Low renin essential hypertension
- Adrenal carcinoma (some cases)
- Adrenal insufficiency
- Adrenal hypoplasia