

Large Aortic Aneurism and Left Coronary Artery Calcifications: Incidental Findings at Adrenal Incidentaloma Assessment

EP 70

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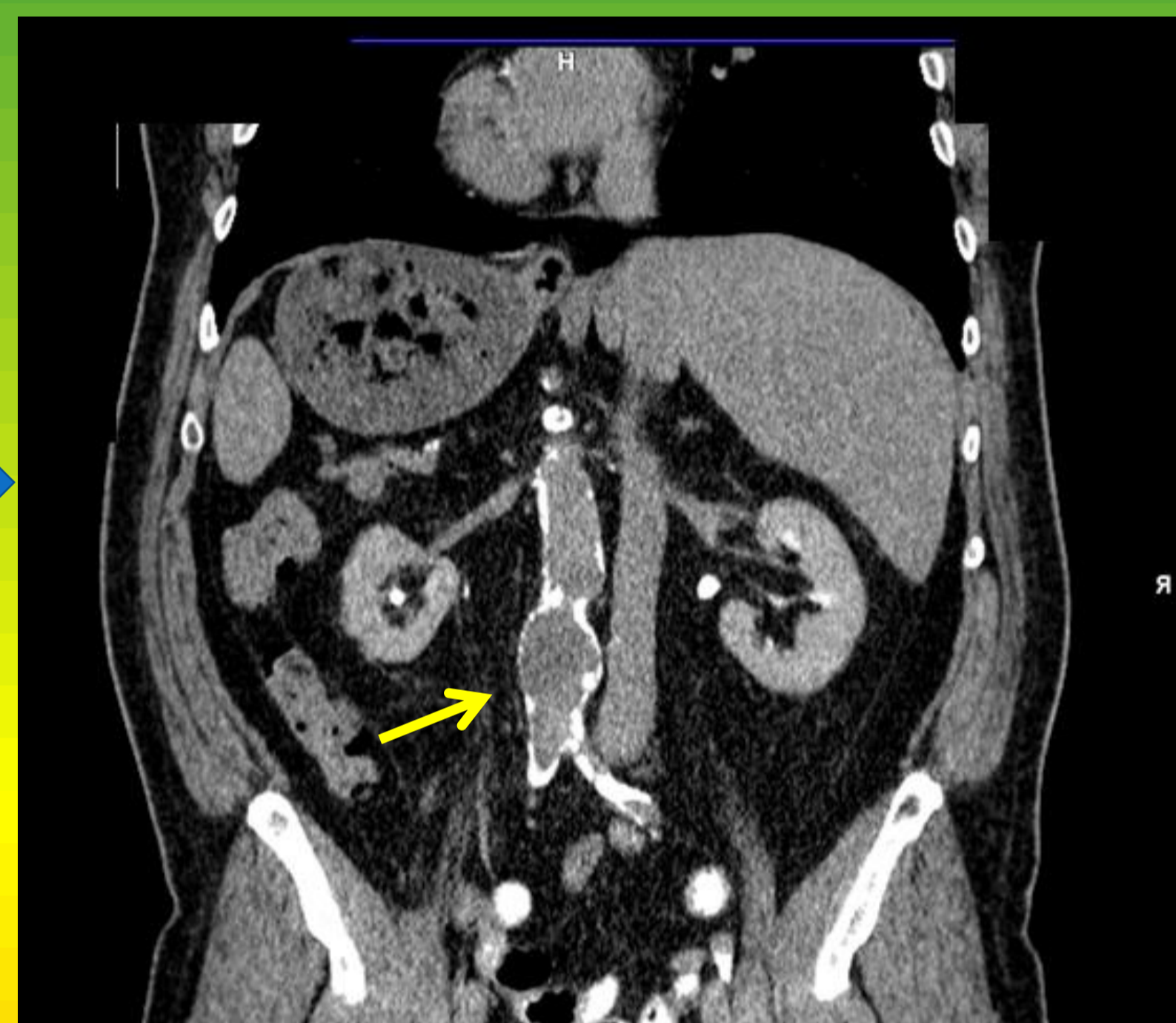
Introduction

In cases with high-risk metabolic profile the investigations may lead to the discovery of an adrenal tumor (AT). Complex endocrine investigations including computed tomography (CT) scans may point anomalies of the vessels as coronary artery or abdominal aorta.

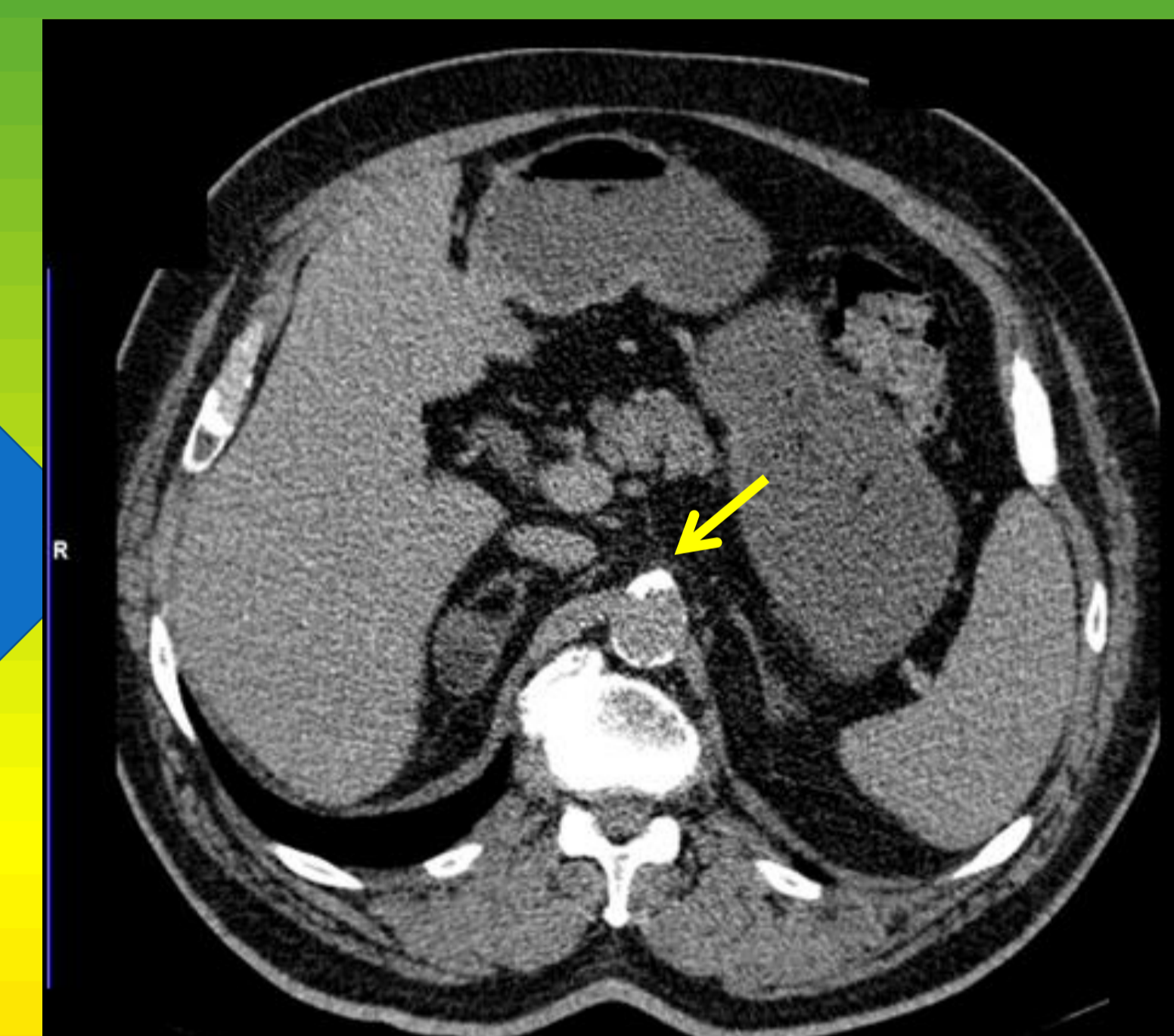
Material & Methods

We report a case associating an AT and severe cardiovascular anomalies which are discovered during endocrine investigations.

Abdominal CT: right adrenal tumor and aortic calcification (corononal plane)



Abdominal CT: right adrenal tumor and aortic calcification (transversal plane)



Results

A 72-year prior smoker male is known since the last decade with high blood pressure, type 2 diabetes mellitus, stable angina, hyperlipemia.

Although partially compliant to the medication used for lowering arterial hypertension, a complex cardiologic evaluation was performed for episodes of elevated blood pressure.

An abdominal ultrasound was used to evaluate the kidney status (consistent with mild potassium elevation of 5.5mmol/L, N:3.5-5.1mmol/L) and a right AT of 2.4cm was found.

Consecutive endocrine test were needed.

On admission, a high uric acid of 9mg/dL(N:2.6-7.2mg/dL) was consistent with increased metabolic risk. The thyroid was normal, so was the plasma cortisol after screening dexametasone suppression test (of 1.22μUI/mL), the plasma chromogranin A (of 50ng/mL;N:20-125ng/mL), plasma metanephrines (of 15.22pg/mL, N:10-90pg/mL), plasma normetanephrines (of 36.8pg/mL, N:15-180pg/mL).

An abdominal IV contrast CT scan was used to confirm the echography findings. Right AT of 2.15/2.92/1.95cm was found together with a right kidney cyst of 1.8cm, an aortic aneurism of 2.96cm diameter having a length of 5.05-7.05cm, a left coronary artery calcification of 2.52cm.

Doppler ultrasound also confirmed a wall thrombus at the level of aortic aneurism.

Despite the non-secretor endocrine profile, the vessel anomalies made necessary consecutive cardiac investigations and an angio-magnetic resonance imagery as well as arterigraphy was recommended.

Conclusion

A multidisciplinary approach is necessary is patients with high blood pressure uncontrolled by usual medication. Otherwise, the imagery scans performed for an adrenal incidentaloma may lead to previously unknown incidental findings as anomalies of large vessels.

