From mild abdominal pain to large right adrenal cyst
Dana Moraru¹, Corina Chirita¹, Simona Tataru¹, Ioana Trandafir², Mara Carsote³, Ana Valea⁴, Razvan Petrescu⁵

1. Medicover, Bucharest, Romania
2. Medlife, Bucharest, Romania
3. C. Davila University of Medicine and Pharmacy & C. I. Parhon National Institute of Endocrinology, Bucharest, Romania
4. I. Hatieganu University of Medicine and Pharmacy & Clinical County Hospital, Cluj-Napoca, Romania
5. Military Emergency Hospital, Bucharest, Romania

Introduction
Cystic lesions of the adrenals are rare and they may develop asymptptomatically for a long period of time. Females seem to be more affected and lesion is typically unilateral.

Material & Methods
We report a case of young female case incidentally found with a large adrenal pure cystic mass.

Results
A 24-year non-smoking female patient with regular menses since the age of 14 complained of mild abdominal pain for a few days without correlation to prior mense.
Normal intestinal transit was presented and the specific analyzes infirmed a urinary infection. An abdominal ultrasound detected a large cyst which first was suspected to be connected with the liver.
Computed tomography scan (with IV contrast) revealed a large right adrenal cyst of 8 by 7 by 8.5 cm containing homogenous fluid, encapsulated (a wall of 0.2 cm) with a parietal micro-calcification and a thin interior septus. The mass has contact with right kidney and with sixth and seventh hepatic segments.
Endocrine profile was assessed without any anomalies: chromogranin A of 41 ng/mL (N: 20-125 ng/mL); neuron specific enolase of 4.54 ng/mL (N: 0-12 ng/mL); plasma metaneprines of 40.2 pg/mL (N: 10-90 pg/mL), plasma normetanephrines of 27.6 pg/mL (N: 15-180 pg/mL), serum serotonin of 246.3 ng/mL (N: 80-450 ng/mL), circulating calcitonin of 0.5 pg/mL (N: 5.17-9.82 pg/mL), baseline ACTH of 45.98 pg/mL (N: 3-66 pg/mL), baseline plasma morning cortisol of 29.42 µg/dl was suppressed after 1 mg of dexametasone to 1.4 µg/dl.
Coagulation tests (as well as blood ionogram and parasites assays) were within normal limits.
Consecutive surgery was performed and confirmed the benign features of a simple epithelial cyst of adrenal origin.

Conclusion
Large adrenal cysts are exceptional findings and their removal is necessary because of local complication as pain, hemorrhage or infection. Some congenital elements may be involved but they may develop up to the adult age without being detected. Despite poorly suggestive clinical picture the prompt intervention is needed especially in lesions with high dimensions.