LARGE BILATERAL ADRENAL METASTATIC MELANOMA

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BACKGROUND

Adrenal metastatic melanoma can be found in up to 50% of patients with melanomas. These tumors are not hormone-secreting, and they usually present with locally advanced disease.

We report on the presence of a bilateral massive metastatic adrenal melanoma in a 56-year-old woman with the initial clinical diagnosis of bilateral adrenal cyst or hemorrhage, and chronic adrenal failure.

The patient underwent surgery one month before the admission to our hospital, left laparotomic adrenalectomy, for a big tumor in the left adrenal gland 9.6 x 10 cm. Histological assessment of the left adrenalectomy misdiagnosed an adrenal carcinoma.

Since the patient had chronic adrenal failure, the treatment before and after surgery with hydrocortisone 20 mg/day was started.

One month after the surgery she was admitted to our hospital with:

• weight loss,
• fatigue,
• and multiple mucocutaneous nodules.

Abdominal CT scan: Multiple liver and spleen metastasis and a large metastasis in the right adrenal gland 9.5 x 10 cm.

Lab Data:

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Value</th>
<th>Normal Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACTH</td>
<td>165 pg/ml</td>
<td>(normal range 10-65)</td>
</tr>
<tr>
<td>Serum cortisol (08:00 AM)</td>
<td>1.0 g/dl</td>
<td>(normal range 3.4-12.5)</td>
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<tr>
<td>FBC:</td>
<td>WBC 9260; RBC 4.100,000; Hb 10.4 gr/dl; PTC 371,000;</td>
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<tr>
<td>ESR</td>
<td>30 mm/h</td>
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<tr>
<td>Calcium</td>
<td>9.2 mg/dl</td>
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</tbody>
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ICH of mucocutaneous nodules and reexamination of biopsy of left adrenalectomy: malignant melanoma.

Total Body Scan with Tc99: Multiple metastasis in the large bone and ribs.

RESULTS

• Melanoma metastasis to adrenal gland generally has a poor prognosis.
• Patients with adrenal metastases from melanoma, either isolated or with a limited number of additional metastases, may achieve a survival benefit from surgery.
• Unfortunately the diagnosis of our case was made in an advanced state and the patient continued only with symptomatic therap

CONCLUSIONS


REFERENCES