INTRODUCTION

Adrenal masses are among the most frequent tumours in humans (ACT). A vast majority of these tumours are benign (ACAs). Only a small subset of adrenal masses are malignant adrenocortical carcinomas (ACCs). Tumour size, tumour weight, hormonal function and pathologic criteria are useful clinicopathological criteria that can result in accurate diagnosis of most ACCs and ACAs.

CASE REPORT

31 years old woman, without relevant previous history. She had long evolution hirsutism, acne and androgenetic alopecia, with gradual worsening (SAHA syndrome). Menarche: 9 years old. She had always had irregular menstruations, and amenorrhea periods, alternating with polymenorrhea. She was treated with oral contraceptives previously.

We decided right adrenalectomy.

HISTOPATHOLOGY:
6.8cm and 120g homogeneous lesion, smooth surface, compatible with corticoadrenal adenoma.

CONCLUSIONS

It is difficult to distinguish between a benign and malign ACT, even with anatomo-pathology diagnosis. There are no good histologic criteria to distinguish adenoma from carcinoma.

The best way to determine malignancy is the clinical evolution.

In our patient, the fast androgens reduction post-surgery is an indicator of surgical success. Clinical evolution and biochemistry determine initial pathology report.