**CLINICAL CHARACTERISTICS AND FOLLOW-UP OF PATIENTS WITH ADRENAL INCIDENTALOMAS**

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**BACKGROUND**

The adrenal incidentalomas (AI), adrenal masses greater than 10mm in diameter incidentally detected, have increased their prevalence due to technological advances in imaging. The adrenalectomy is indicated in functioning adrenal tumors and in cases suspected of malignancy.

**OBJECTIVES**

To analyze the characteristics of patients with AI and to evaluate the clinical outcome, in terms of evolution toward hypersecretion and significant growth, during follow-up over 5 years.

**RESULTS**

**GENDER:**
- Male: 57.8%
- Female: 42.2%

**AGE:**
- Mean (at diagnosis) 58.6±11.8 years
- Range 30-83 years

**AI DIAMETER:**
- Median: 25mm (range 10-85)
- Diameter ≤ 30mm: 76.6%
- 6 (9.4%) with diameter > 40mm

**FUNCTIONALITY EVALUATION:**
- Number of patients: 64
- No hypersecretion: 50
- Pituitary hypersecretion: 3
- Hypogeominetic: 3
- Subclinical hypercortisolism: 1

**TIME OF FOLLOW-UP:**
- Median: 19 months (range 4-109)
- Initial evaluation: 64
- 6 months: 46
- 1 year: 16
- 3 years: 6
- 5 years: 1

**CLINICAL OUTCOME:**

**Hypersecretion**
- After 3 years of follow-up, 2 AI acquired autonomous cortisol secretion (SCS)

**Growth**
- After 3 years of follow-up, 1 patient had a significant growth of AI
  - 10mm
- Imaginologic features of myelolipoma
- Not further growth

**TREATMENT:**
- Eight patients (12.5%) were oriented to surgical treatment

**CONCLUSION**

Excluding myelolipomas, the AI greater than 4cm in diameter corresponded to hormonally active or malignant lesions, so adrenalectomy in these tumors seems undeniable. The percentage of AI which grew significantly and became active was low, therefore it’s surely questionable the relevance of the long term follow-up of these patients.

**REFERENCES**

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