From mild abdominal pain to large right adrenal cyst

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EP 71

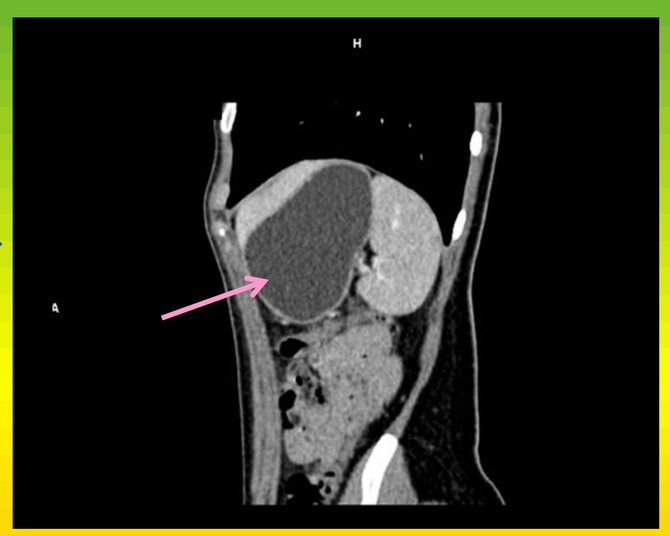
Introduction

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

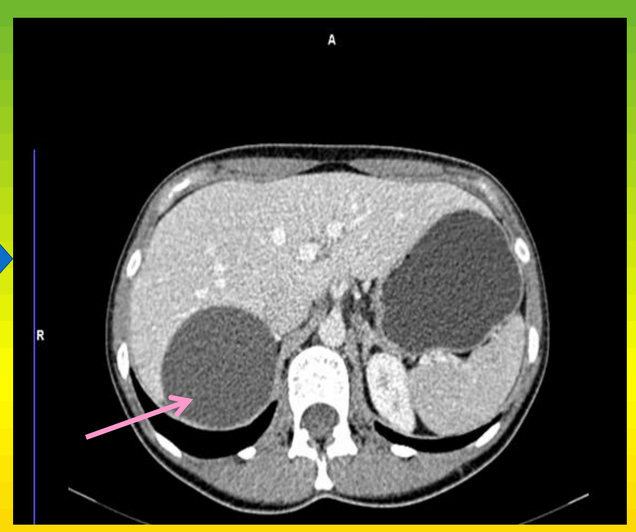
Material & Methods

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

Abdominal CT: right adrenal cyst on a young female (sagittal plane)



Abdominal CT: large adrenal cyst (transversal plane)



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 41ng/mL (N:20-125ng/mL); neuron specific enolase of 4.54ng/mL (N:0-12ng/mL), plasma metaneprines of 40.2pg/mL (N:10-90pg/mL), plasma normetaneprines of 27.6pg/mL (N:15-180pg/mL), serum serotonin of 246.3ng/mL (N:80-450ng/mL), circulating calcitonin of 0.5pg/mL (N:5.17-9.82pg/mL), baseline ACTH of 45.98pg/mL (N:3-66pg/mL), baseline plasma morning cortisol of 29.42µg/dl was suppressed after 1mg of dexametasone to 1.4µg/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.

ECE 2016 71-EP

Adrenal cortex (to include Cushings)

Ana Valea

Poster presented at: ECE2016 28 – 31 May 2016 MUNICH, GERMANY 18th EUROPEAN CONGRESS OF ENDOCRINOLOGY