Lewisham and Greenwich NHS Trust

Analysing Management and Follow up of Adrenal Incidentalomas

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OBJECTIVES

Based on recommendations from the Clinical Practice Guidelines committee group on management of adrenal incidentalomas our project aims to review whether patients found to have adrenal incidentalomas were managed as per recommendations of the committee as follows: If they had a 1 mg overnight dexamethasone suppression test, were they tested for phaeochromocytoma, whether the investigations were used judiciously keeping in view patients co-morbid state, were any of the endocrine tests repeated (as guidelines suggest against repeating) and what was the patient outcome. We also looked if patient had repeat imaging when guidelines recommend against further imaging for follow-up when adrenal mass is less than four cm with clear benign features on imaging studies.
Data will be used to high-light need for local guidance for patients newly diagnosed with an adrenal incidentaloma aiding endocrine and non-endocrine physicians.

METHODS

Retrospective analysis of patient's electronic notes found to have adrenal incidentalomas in 2014-2015. (n=24). Data was collected from clinic letters and investigations carried out for 24 patients found to have adrenal incidentalomas. Standards included measurement of biochemical parameters (potassium, renin/aldosterone ratio, 24 h urinary catecholamines/metanephrines/cortisol, and dexamethasone suppression tests) assessment of radiological features and whether interval scanning took place.

CONCLUSIONS

This highlights need to develop a pathway for appropriate initial investigation in patients diagnosed with adrenal incidentaloma and ensure investigations are justified. Also need to reduce request for repeat scan in patients found to have incidentalomas that are under 4 cm in diameter and are radiologically benign. There is room to improve the comprehensive investigation of such cases in our practice and we mainly need to do overnight dexamethasone suppression test in all our cases and do renin aldosterone ratios only in patients known to have hypertension.
Introduction of local guidelines may be of benefit.

RESULTS

Total of 24 notes were looked at. The average patient age was 64 years and all clinic letters commented on presence or absence of clinical features of endocrinopathy.
One patient declined further investigations and follow up as they were 91 year old.
Three patients with incidentalomas were not referred to endocrine clinic.
Biochemical measurements were performed as follows:

Overnight dexamethasone suppression test: 25%
24 hour Urinary cortisol: 12.50%
(Only one patient had both one mg ONDST and urine free cortisol collection)
Renin/aldosterone ratio: 70.80%
(17 out of 24 had the ratios measured, out of which only 9 had hypertension and 1 with hypertension did not have RA ratios checked)
Urinary catecholamines and/or metanephrines in: 58.33%
(None had serum metanephrines measured as not offered in local lab)
66.67 percent of cases had follow up interval scanning (16/24). Out of the 16 who had repeated scanning 13 had size less than 4 cm:
Of the 24 cases, one phaeochromocytoma and 2 possible conns were identified.

References

European Journal of Endocrinology Clinical Practice 175:2 G2 Guideline M Fassnacht and others ESE and ENSAT guideline on adrenal incidentaloma