

# **AN INTERESTING CASE OF ADRENAL MASS**

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- 45 year old female patient
- Homemaker
- Hailing from Pune



- Chief complaints :
  - Upper abdominal pain x 2 weeks
  - Dyspepsia x 2 weeks
- h/o recurrent episodes of palpitations, sweating and headache x 3 yrs
- No hematuria or other urinary complaints
- No neurological symptoms



- Consulted at an outside hospital. On evaluation , she was found to have an abdominal mass for which she was referred to D.Y.P.H
- h/o HTN on treatment x 3 years
- Recently detected DM not on treatment



- Mixed diet
- Normal sleep and appetite
- h/o tobacco chewing +



- Perimenopausal period
- 5 children , healthy , normal vaginal delivery
- h/o tubal ligation 18 years back



# CLINICAL EXAMINATION

- Moderately built and nourished
- PR-102/min, regular , normal volume
- BP-130/90 mmHg
- No pallor/icterus/cyanosis/clubbing/LE
- No signs of Hyper thyroidism



- PA : Soft
  - Non tender
  - No mass palpable
- Other Systemic Examination : WNL



- USG : Well defined mixed echoic, supra renal mass lesion of size 68 x 54 x 50 mm with thin hypoechoic rim and tiny cystic component .





- Routine blood investigations : WNL
- Cardiac evaluation was normal
- Plasma free Metanephrines – 48.4 pg/ml (<65)
- S. Cortisol – 18.8 ug/dl(6-18.4)
- 24 hour Urinary VMA – 2.4 mg/day (<15)



- CECT Abdomen : Well defined, oval, encapsulated, solid lesion in right suprarenal region ms 5.6 x 5.4 x 5.2cm. Multiple non-enhancing cystic / necrotic areas on contrast study. No infiltration/ invasion of adjacent structures.



8120-13  
82.22 mm

C

R



Philips Ingenuity CT  
11 Apr 2018 13:15:17.3  
100kV, 278mAs  
SC 315.0 mm  
SW 5.00 mm  
Z 1.20

TAMBOLI MUNTAJ 40 YRS/F  
80585/0 F/40y

DR DY PATIL HOSPITAL  
Philips Ingenuity CT

TAMBOLI MUNTAJ 40 YRS/F  
80585/0 F/40y  
8121-12

C

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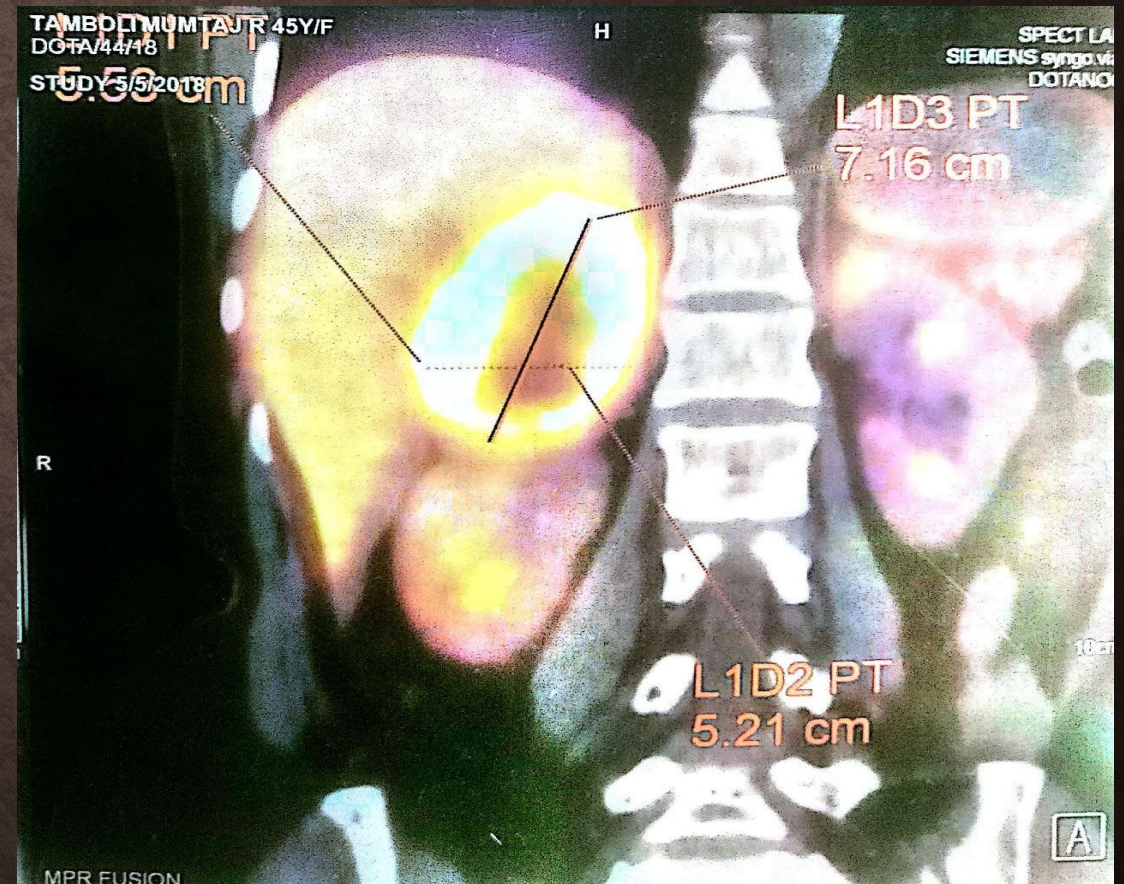
DR DY PATIL HOSPITAL  
Philips Ingenuity CT  
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100kV, 278mAs  
SC 315.0 mm  
SW 5.00 mm  
Z 1.20

F

71 6  
81 26



- GA 68 – DOTA scan : Showed somatostatin receptor expression with an enlarged right adrenal gland compatible with the diagnosis of pheochromocytoma





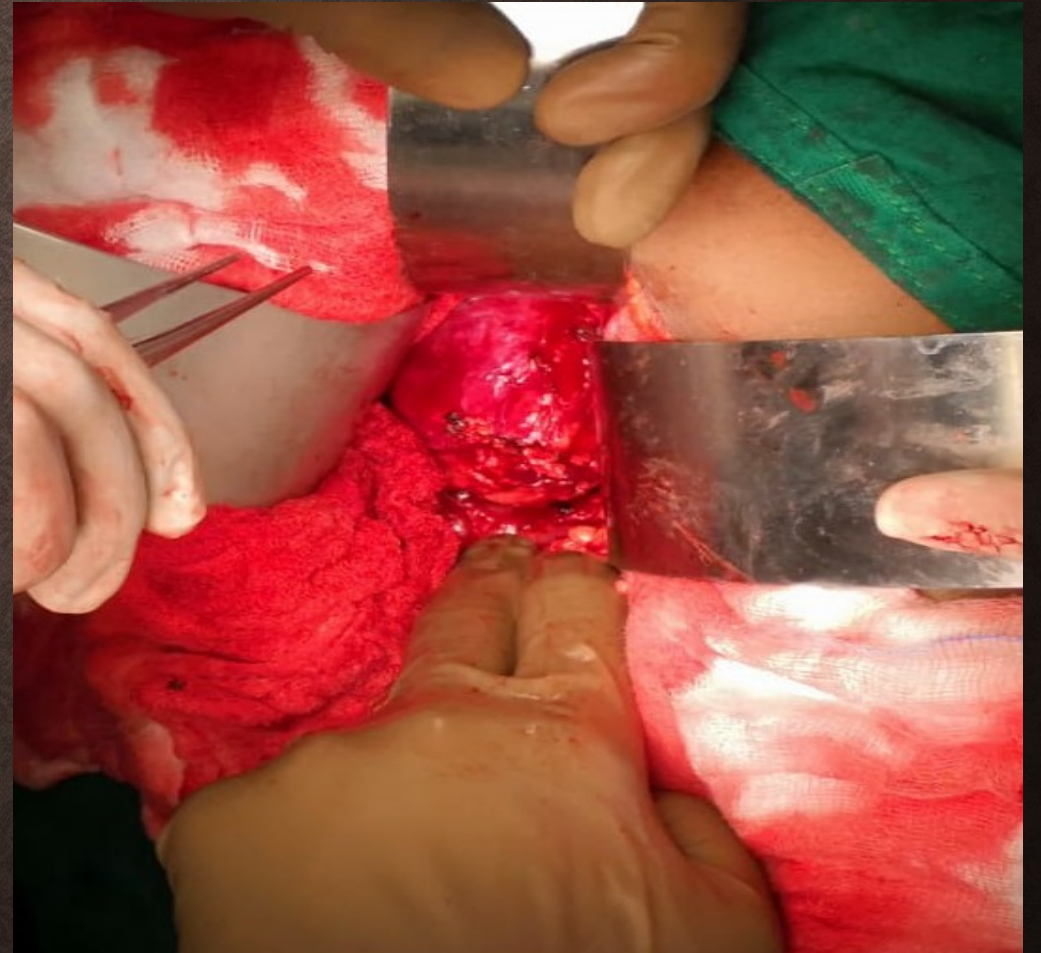
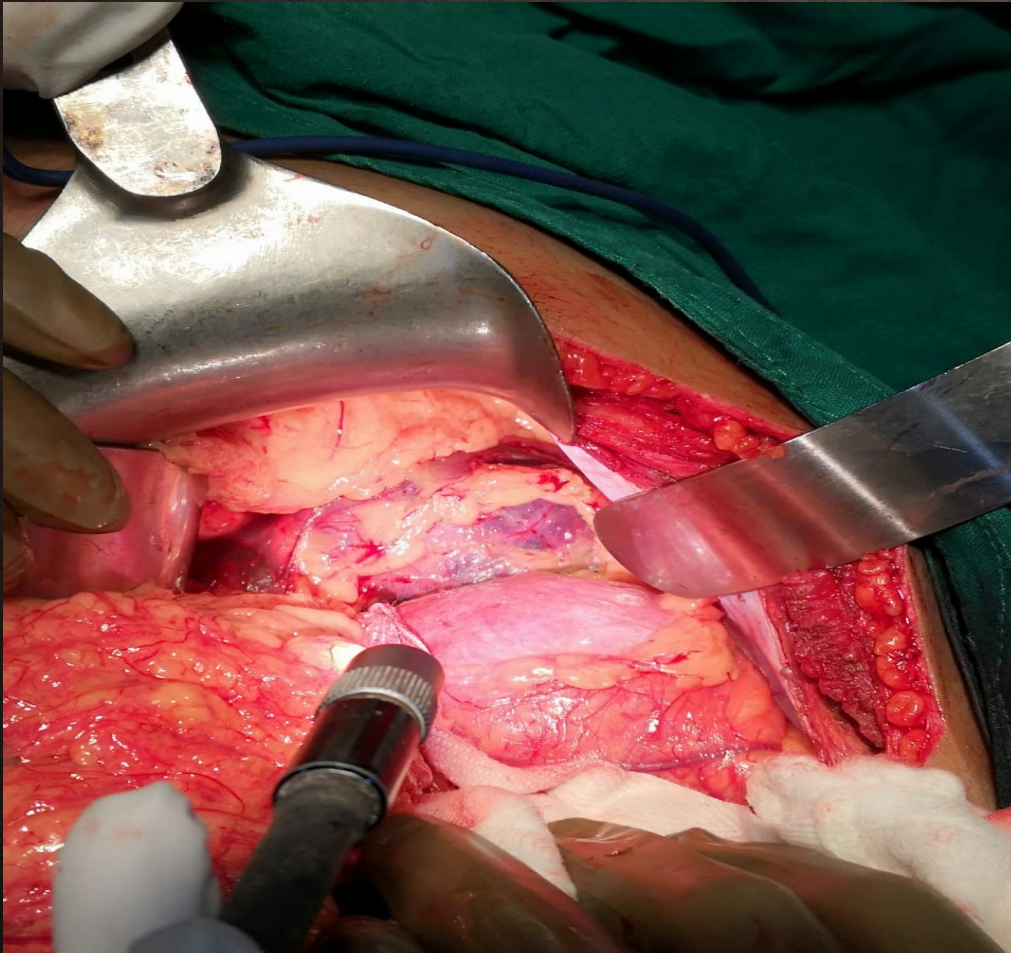
- CT Brain : WNL



- Pre operative preparation :
  - Tab. Phenoxybenzamine
  - Tab. Propranolol
  - Blood pressure and glycaemic control
  - Encouraging increased fluid and salt intake



# RT. ADRENALECTOMY

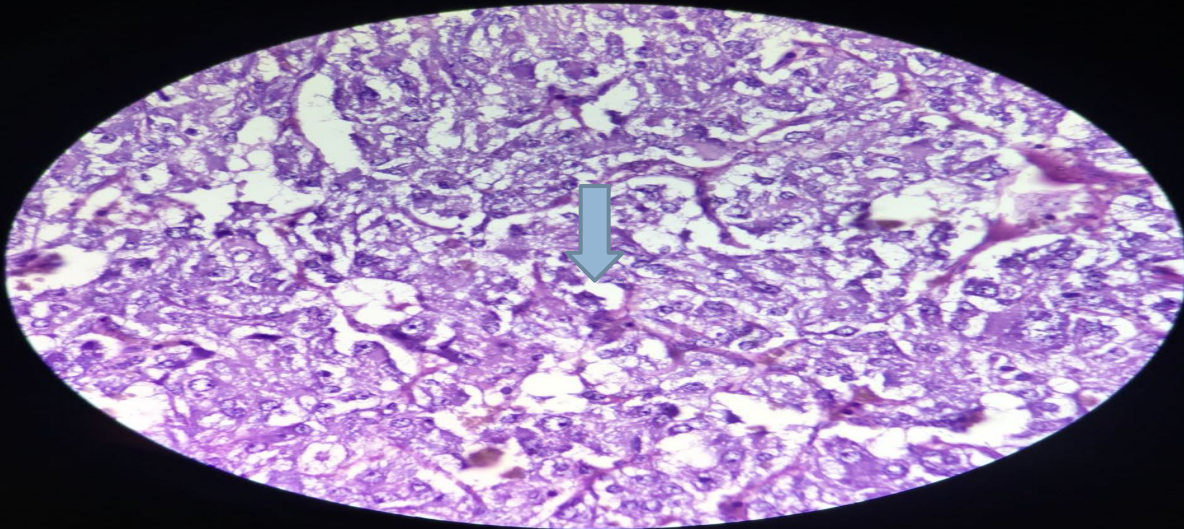




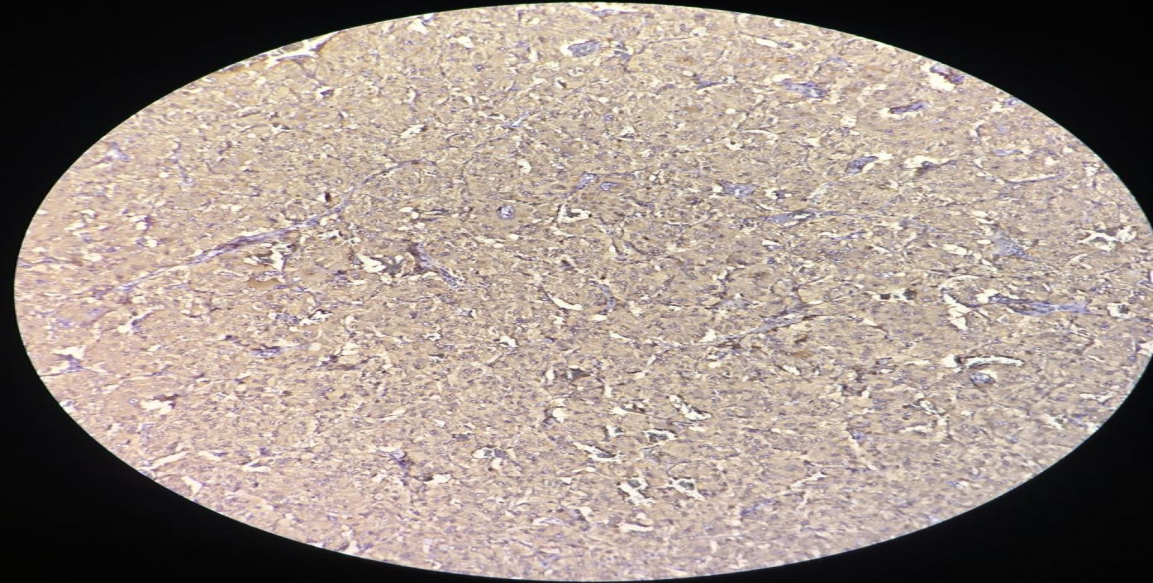




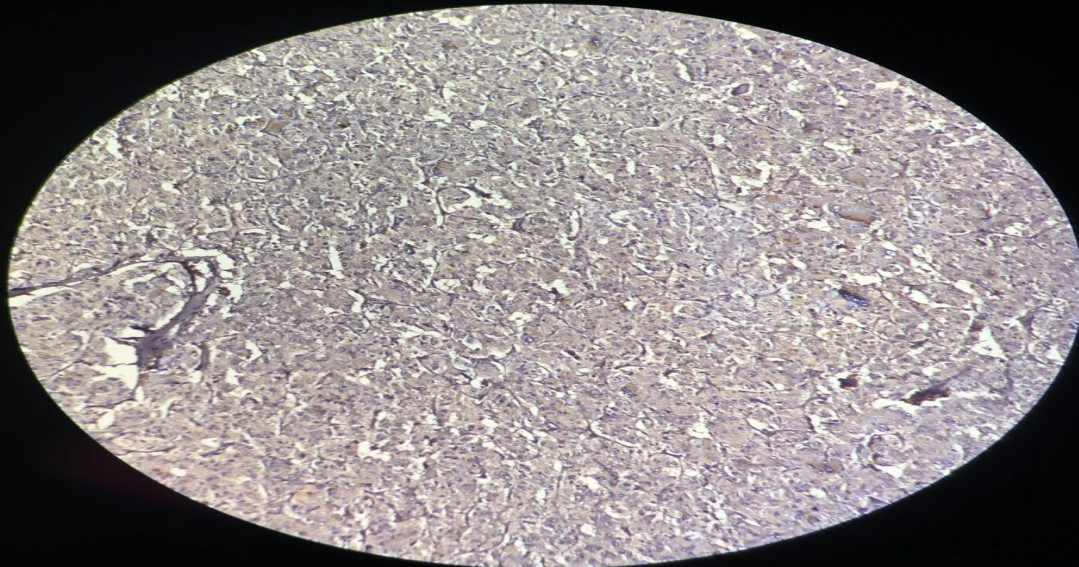
ZELLBALEN BODIES



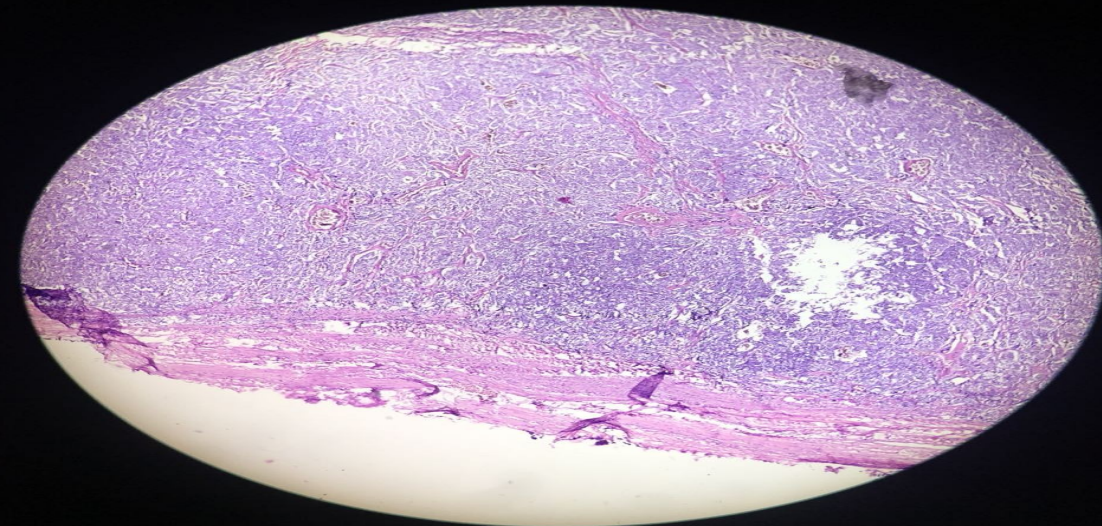
Staining for chromogranin



Staining for synaptophysin



Well encapsulated lesion





- Post operative :
  - Inotropes were started and later tapered accordingly
  - Steroid supplementation
  - Renal function tests/ serum electrolyte monitoring
  - Increased Oral intake of fluids and salt
- PATIENT WAS DISCHARGED IN A STABLE CONDITION ON POD-10 !!!!!





Thank you