

# A Large Adrenal Pseudocyst Mimicking An Adrenal Cancer

## Adrenal Kanseri Taklit Eden Büyük Adrenal Kist

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### ABSTRACT

Adrenal pseudocysts are rare lesions and usually discovered incidentally. They are usually benign and asymptomatic. There is reported potential malignant transformation of adrenal cysts and indicates radical excision of these masses. The differential diagnosis must consider cystic adrenal carcinoma. We report the case of a 58 year-old asymptomatic woman with a well-defined 17 cm lesion of adrenal gland with calcification and necrotic components. Preoperative computed tomography of the abdomen reveals suspicion of adrenal cancer.

**Keywords:** Adrenal cancer, pseudocyst, adrenalectomy

### INTRODUCTION

A giant adrenal tumor is a rare finding. The differential diagnosis is difficult and not always possible from radiology images. In our case, there was a high suspect of adrenal cancer according to preoperative radiological findings. The histopathology report surprisingly revealed an adrenal pseudocyst.

### CASE

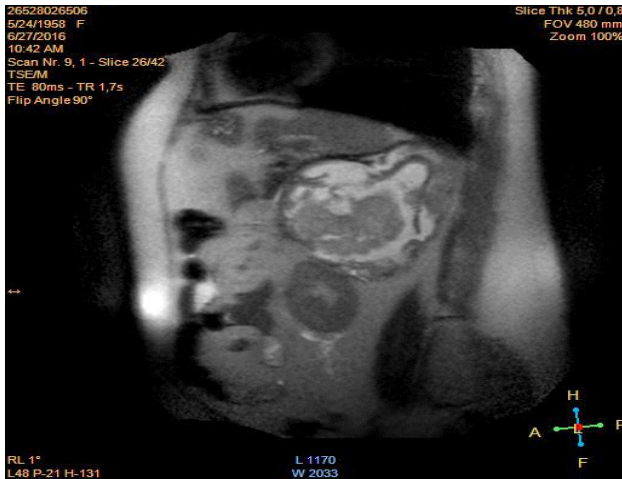
A 58 year-old woman was admitted to our hospital with asymptomatic incidentally detected adrenal mass. She had no complaints. On physical examination, mild left costovertebral angle tenderness and a palpable mass on the left side of the upper abdomen were found. Other examinations were normal. The routine laboratory tests were normal. Laboratory exams for pheochromocytoma and Cushing's syndrome were unremarkable. Abdominopelvic MR scan showed a large (16\*16\*14 cm)

### ÖZET

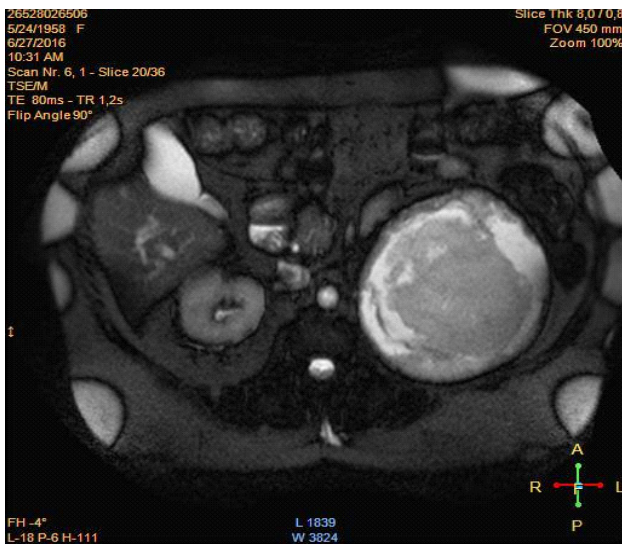
Adrenal pseudokistler genellikle insidental olarak tesbit edilen nadir lezyonlardır. Genellikle iyi huylu ve asemptomatiktirler. Adrenal kistlerin malign transformasyon potansiyelleri rapor edildiğinden bu kitlelerin radikal eksizyon endikasyonu vardır. Ayrıca tanıda kistik adrenal karsinoma mutlaka düşünülmelidir. Bu yazımızda, iyi sınırlı fakat kalsifikasyon ve nekrotik içeriği bulunan, 17 cm' lik bir adrenal kitlesi bulunan bir hastamızı sunmayı amaçladık. Operasyon öncesi tetkiklerde adrenal kanser şüphesi oldukça yüksekti.

**Anahtar kelimeler:** Adrenal kanser, psödokist, adrenalectomi

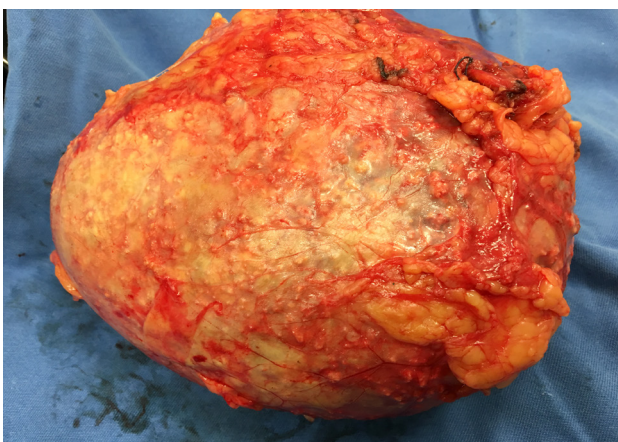
cystic mass with contrast enhancement (Figure 1a and 1b). Cystic neoplasm of the pancreatic tail was also in suspect. Because of the preoperative radiologic findings with suspect of adrenal cancer, open exploration was performed. On exploration, large cystic mass with irregular calcific surface was present for which left radical adrenalectomy was completed (Fig 1). The postoperative period was uneventful and the patient was discharged after 3 days. The histopathology report surprisingly revealed an mostly calcified adrenal pseudocyst without a cellular lining. No evidence of malignancy was found.



**Fig 1a:** Abdominal MRI. A giant left adrenal mass( Axial section)



**Fig 1b:** Abdominal MRI: A giant left adrenal tumor (Transverse section)



**Fig 3:** Left adrenal mass with calcific lining

## DISCUSSION

Adrenal cysts are rare lesions which are usually non-functional and asymptomatic. Adrenal pseudocysts do not have epithelial linings and account for about %32-40 of adrenal cysts<sup>1</sup>

Only %7 of all reported adrenal pseudocysts are malignant or potentially malignant and the risk increases with size, in particular if over 6cm<sup>2,3</sup>

The mainstay of treatment for adrenal pseudocysts is surgical excision, especially for symptomatic, functional and those greater than 4-5 cm in diameter.<sup>4</sup> The prognosis of non-malignant cysts is excellent. The surgical approach can be a laparotomic adrenalectomy, since the laparoscopic approach is not sufficient to control large masses.<sup>5</sup> On the other hand, small adrenal cysts do not necessary need surgical approach. They may be followed up by ultrasound or CT and hormonally.

A giant adrenal cyst mimicking a carcinoma by the pre-operative phenotype is a very rare finding. The diagnosis could only be made following the pathological analyses.

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