CASE 2
27 Y/O MAN

Brief history

- **Past history**
  Family history of stroke

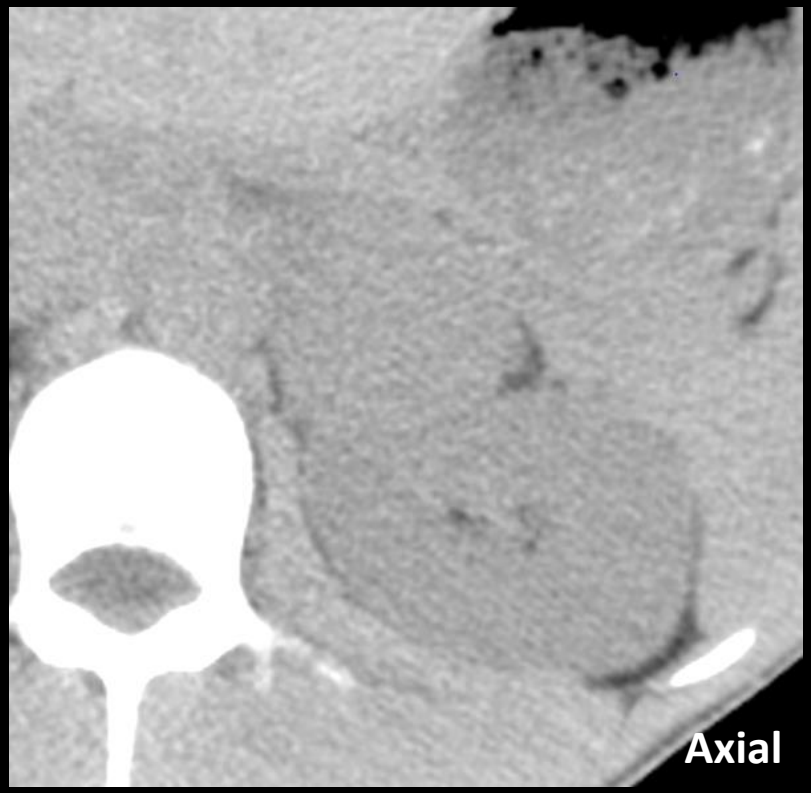
- **Chief complain**
  Hypertension

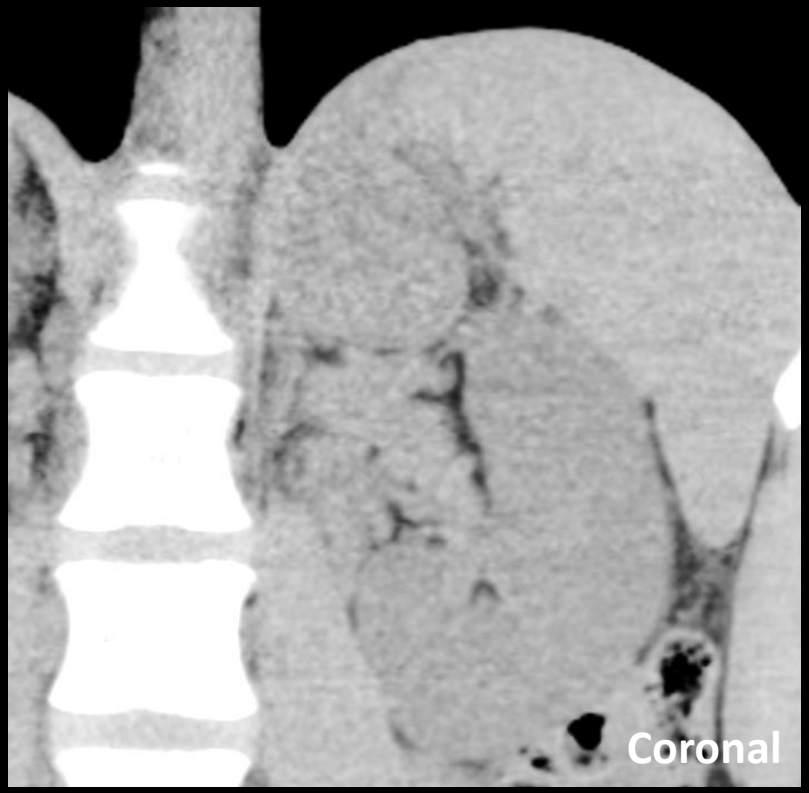
Imaging studies

Abdomen CT (no C) (2020.05.20)

Abdomen MRI (+C) (2020.05.20)

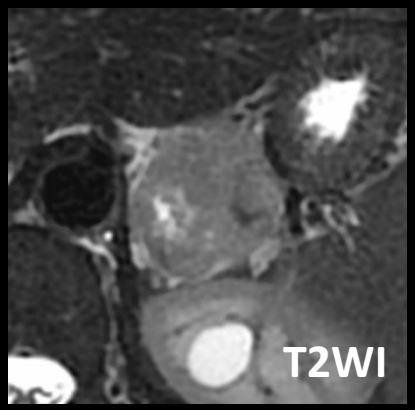
Abdomen CT

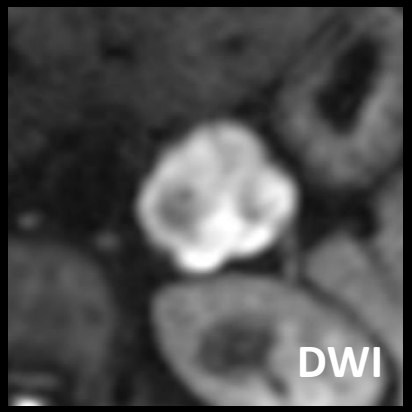


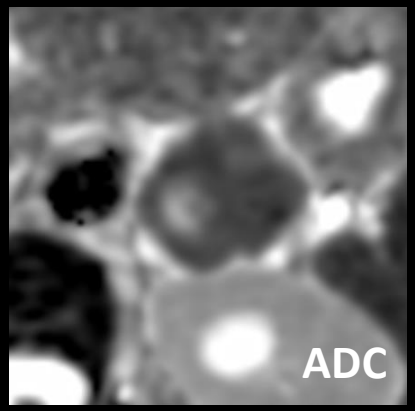


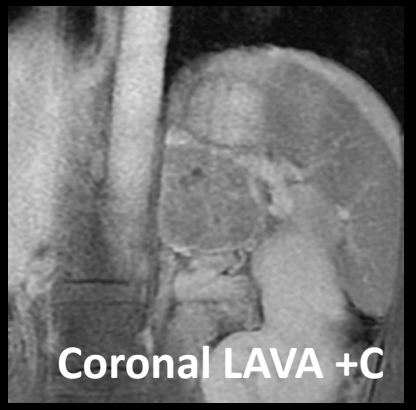
- ✓ A 3.9cm-sized well-defined space-taking soft tissue lesion in the left adrenal gland with mild compression of anterior upper pole of left kidney

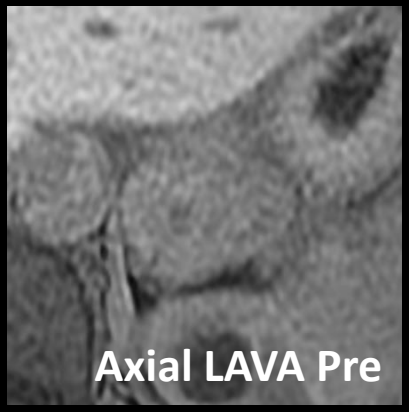
Abdomen MRI











- ✓ Well-defined lesion with central cystic content or necrosis
- ✓ Mild contrast enhancement with pseudocapsular formation

Differential Diagnoses

- **Adrenal cortical carcinoma**
- Functional adenoma
- Pheochromocystoma is much less likely

→ **Pathology report**

Adrenal cortical carcinoma
with foci of hemorrhage and necrosis

Adrenal cortical carcinoma

- Rare neoplasm with median age of 50
- Functioning tumors more common in females
- Most ACCs are sporadic; can also be associated with several complex genetic syndromes (Beckwith-Wiedemann syn etc.)
- Methods of spread:
  - local invasion (30% confined to adrenal at presentation)
  - lymphatic metastases
  - hematogenous spread (30%, commonly to liver and lung)
- Large, solid, unilateral suprarenal mass, 2-10% are bilateral
- Poorly defined or invasive margins

Adrenal cortical carcinoma