CASE 3
34 Y/O WOMAN

Brief history

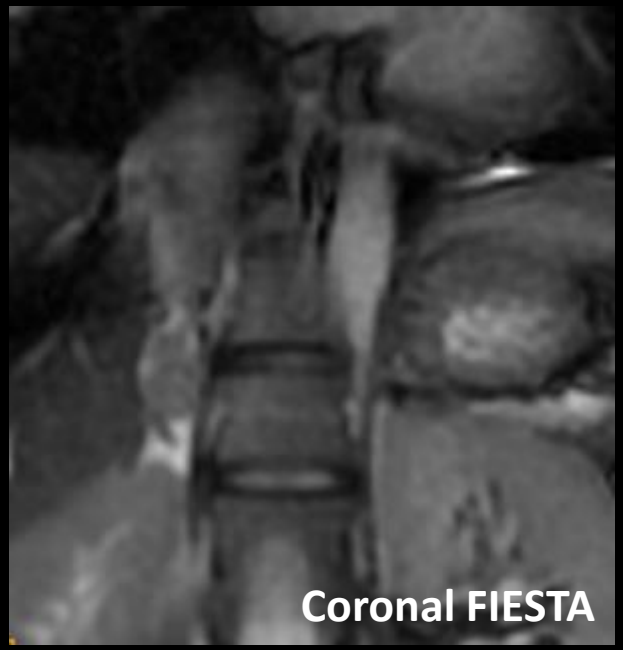
- **Past history**
  Arrhythmia

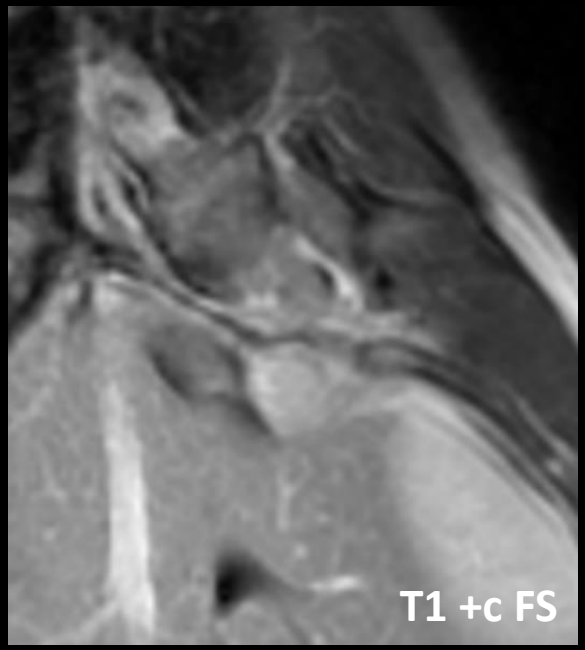
- **Chief complain**
  Paradoxical hypertension, palpitation, headache

Imaging studies

Chest MRI (+C)	(2017.06.30)
Adrenal CT (+C)	(2019.06.15)

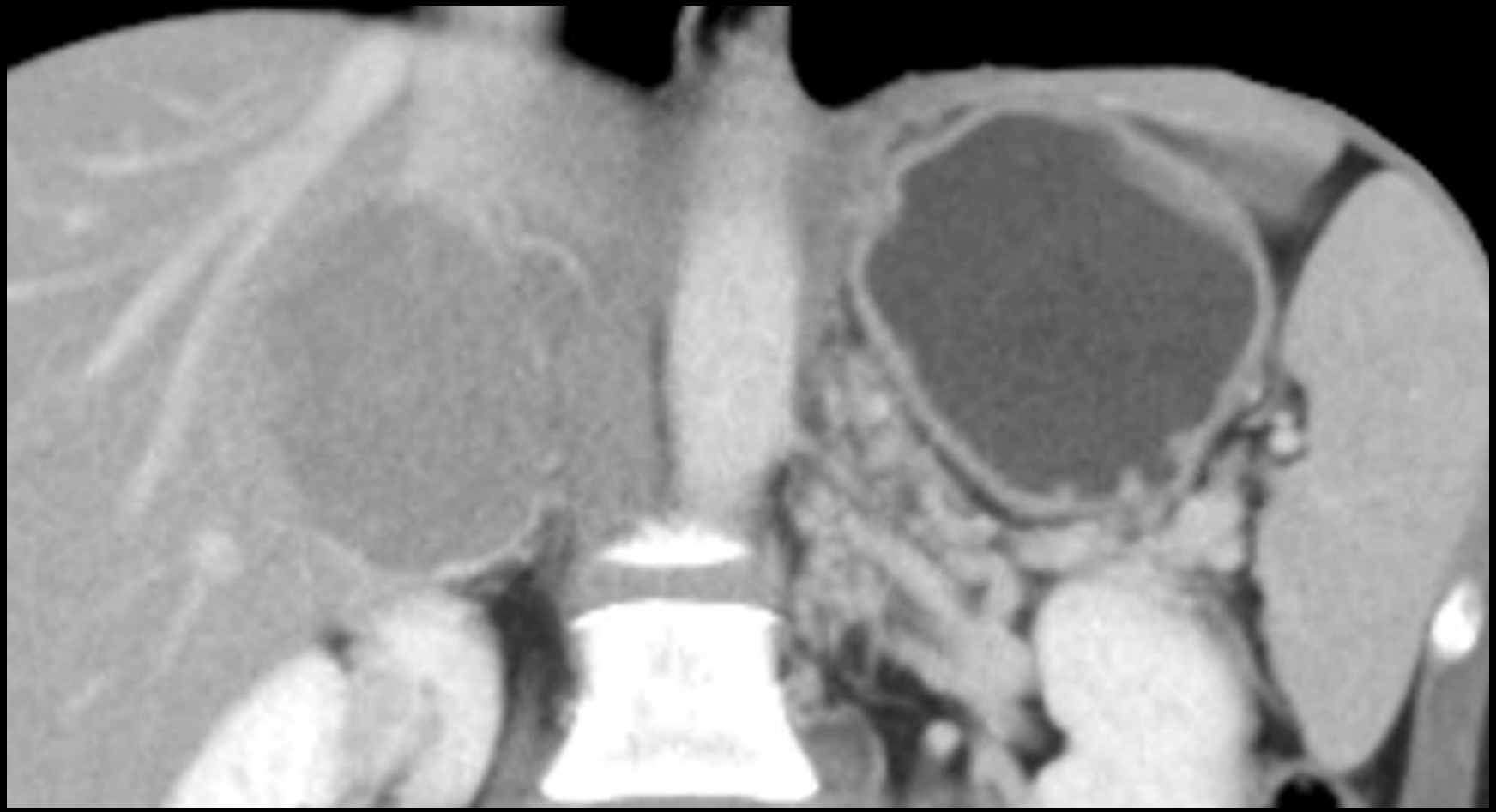
Chest MRI





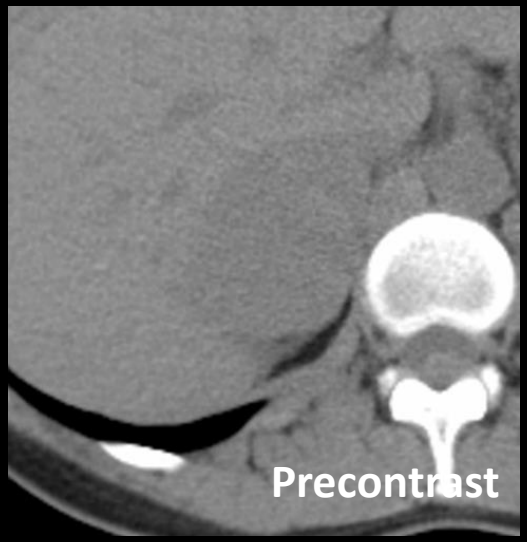
- ✓ A 2.3cm lesion at right adrenal gland

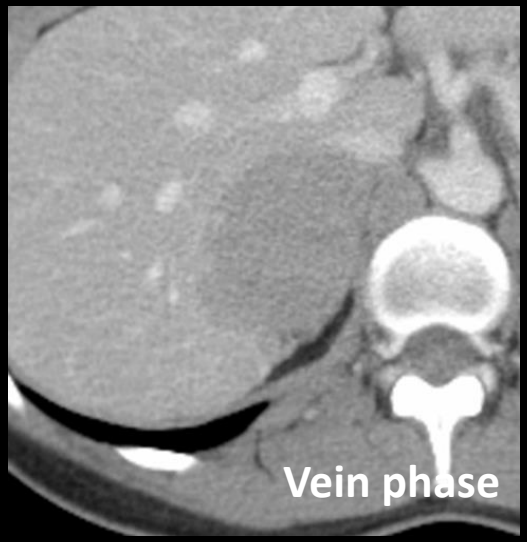
Adrenal CT

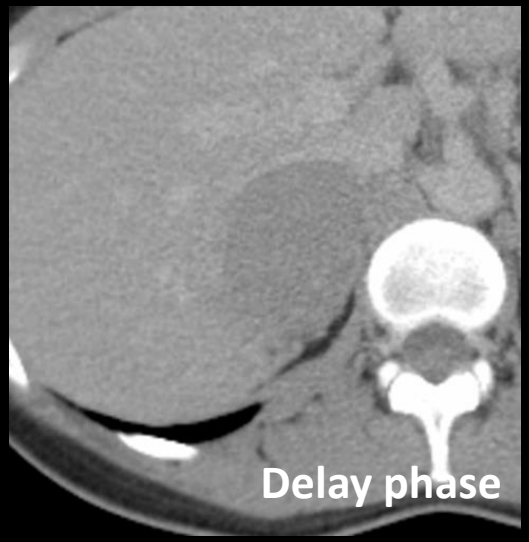


- ✓ A 5.3cm-sized enhancing tumor at the right adrenal gland

Adrenal CT







- ✓ A 5.3cm-sized enhancing tumor at the right adrenal gland

Differential Diagnoses

- **Pheochromocytoma**

→ **Pathology report**

Pheochromocytoma

Pheochromocytoma

- Rare catecholamine-secreting tumor arising from chromaffin cells of adrenal medulla

- “Rule of 10s"
  - 10% extraadrenal (paraganglioma)
  - 10% bilateral (suggesting hereditary disease)
  - 10% pediatric (also suggests hereditary disease)
  - 10% contain calcification
  - 10% malignant (higher for extraadrenal cases)
  - 25% familial (previously thought to be 10%)

- The majority of cases are sporadic

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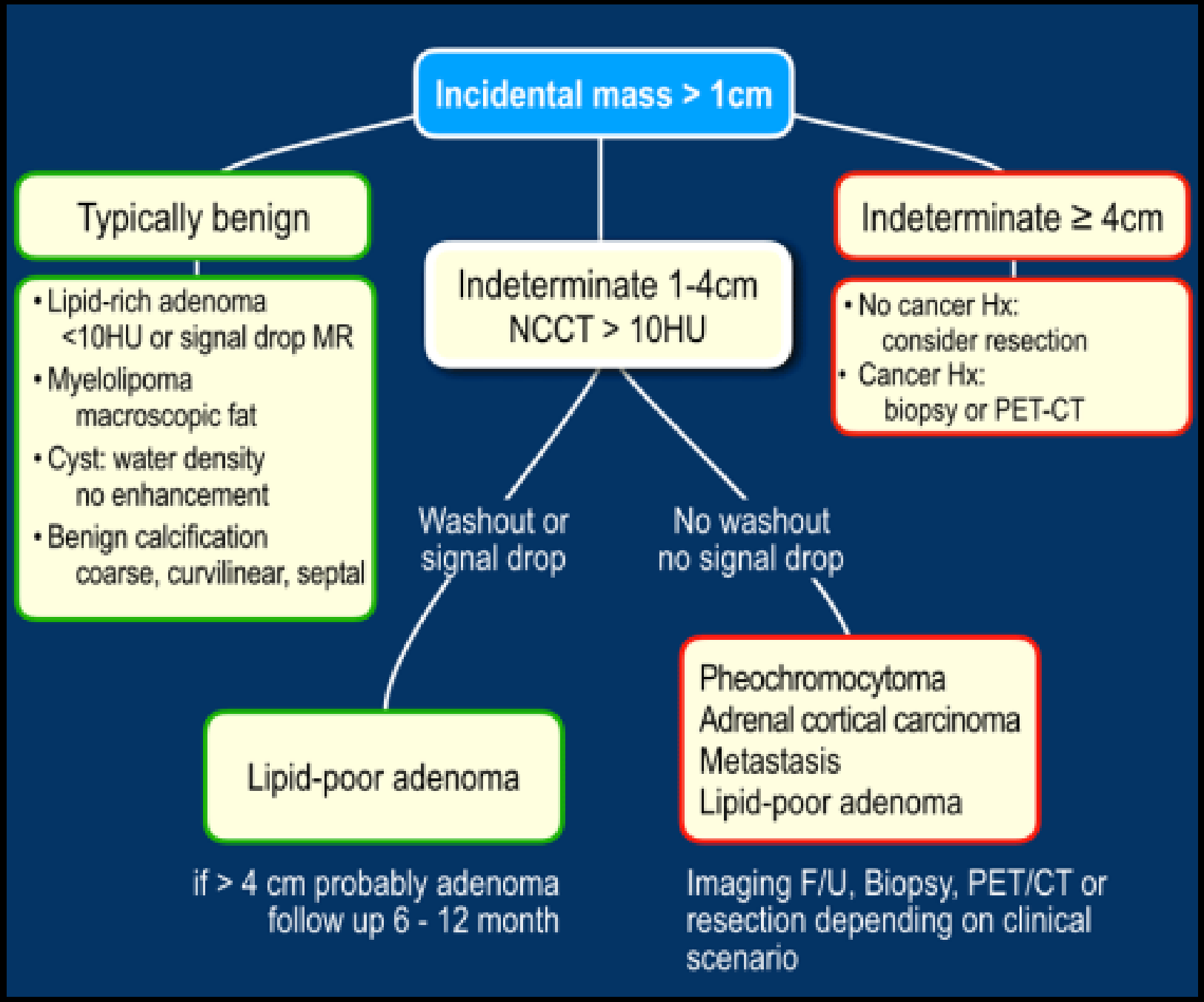
Incidental mass > 1cm
Typically benign
• Lipid-rich adenoma
<10HU or signal drop MR
• Myelolipoma
macroscopic fat
• Cyst: water density
no enhancement
• Benign calcification
coarse, curvilinear, septal
Indeterminate 1-4cm
NCCT > 10HU
Indeterminate ≥ 4cm
• No cancer Hx:
consider resection
• Cancer Hx:
biopsy or PET-CT
Washout or
signal drop
No washout
no signal drop
Lipid-poor adenoma
if > 4 cm probably adenoma
follow up 6 - 12 month
Pheochromocytoma
Adrenal cortical carcinoma
Metastasis
Lipid-poor adenoma
Imaging F/U, Biopsy, PET/CT or
resection depending on clinical
scenario