Unmoderated Standard ePosters

Daily Viewing:
Wednesday, October 11, 1815–1945
Thursday, October 12, 0930–1700
Friday, October 13, 0930–1700
Saturday, October 14, 0930–1700

Adrenals

UP-01.01

Ganglioneuroma of Adrenal Gland: An Incidental Rare Tumor

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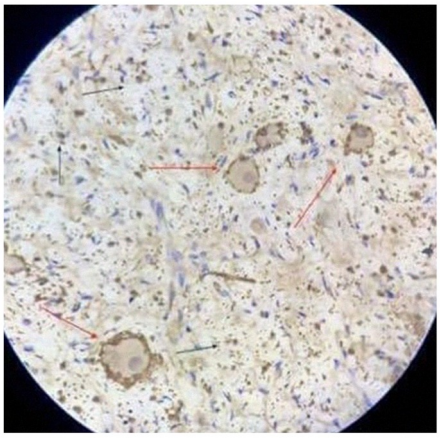
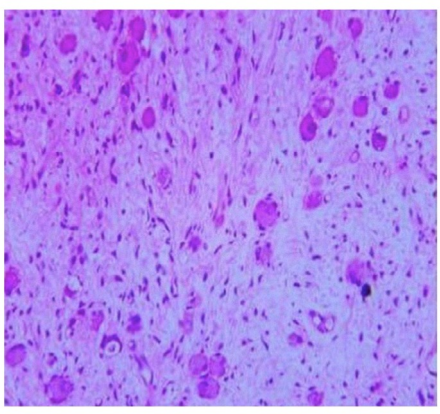
Introduction and Objectives: An origin from neural crest cells, ganglioneuroma of adrenal gland is a rare type of tumor and only a few cases have been reported worldwide. Although, our institute has come across various types of adrenal tumor before, this is the first and reported case for ganglioneuroma.

Materials and Methods: We presented an adult case of ganglioneuroma involving left adrenal gland. Patient was a 54-year-old woman with a history of hypertension for five years. Patient underwent clinical and radiological assessment by a physician for medical checkup purpose. On ultrasound and computerized tomography scan, a left adrenal mass was noted. Transabdominal laparoscopic left adrenalectomy was performed and uneventful. Upon routine H&E staining, there was a well circumscribed tumor with adjacent adrenal gland and mature ganglion cells admixed with interlacing fascicles of Schwann-like cells were also noticed. On suggestion by pathologist, immunohistochemistry study was arranged, and the tumor was found to be positive for both S100 and Synaptophysin. The final remark was that the tumor was compactible with ganglioneuroma.

UP-01.01, Figure 1.



UP-01.01, Figure 2.



Results: Ganglioneuroma occurs unlikely in adrenal gland and most of the tumors are asymptomatic with diagnostic ambiguity. Histopathological and Immunohistochemistry workup are the mainstay of diagnosis.

Conclusions: We report a case of a 51-year-old woman with left adrenal ganglioneuroma. As reported by other literature, patient was asymptomatic, hormonally inactive and the tumor was an incidentaloma and diagnosed finally by immunohistochemistry study. This is the first reported case of adrenal ganglioneuroma from Myanmar.

UP-01.02

Incidental Ectopic Adrenal Tissue Found in Undescended Testis During Inguinal Hernia Repair

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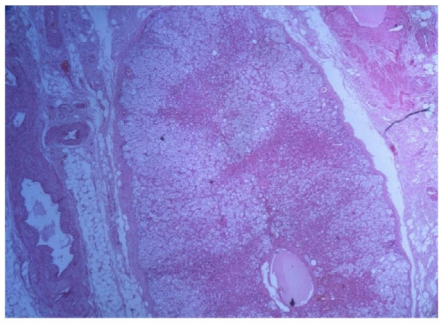
Introduction and Objectives: The following is a case report about a 63-year-old man that underwent hernia repair surgery, whose missing testicle, that contained ectopic adrenal tissue, was incidentally found during the procedure.

Materials and Methods: A 63-year-old man with no history of illness presents to the hospital with a missing right testicle. Ultrasonography finds right inguinal hernia and right undescended testis. The patient underwent single-side inguinal orchiectomy and inguinal hernia with graft repair.

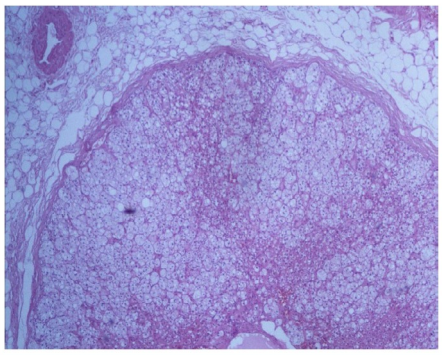
Results: After the orchiectomy, the pathology report showed a material weighing 31.1 g, containing a 5.5 × 2 cm spermatic cord and epididymis. A 3.5 × 2 cm off-white, yellow-orange testicle was observed, and inside the paratesticular adipose tissue, a 0.5 × 0.9 cm in diameter orange nodule was found. Under microscopy, there was ectopic adrenal cortical tissue (0.5–0.9 cm in the paratesticular region), total tubular sclerosis and testicular atrophy, and orchiectomy material. The sections were examined by staining with H&E and PAS histochemistry stains (Figures 1 and 2).

Conclusions: An anomaly during embryologic development may cause the appearance of ectopic adrenal tissue along the path of the testis. While most cases go unnoticed, groin surgery can incidentally reveal the ectopic tissue. While cases of ectopic adrenal tissue are rarely seen in adults, the literature shows that when it actually is found, it is mostly incidental. As such, it's better for the practitioner to acknowledge it and prepare for an unexpected discovery.

UP-01.02, Figure 1.



UP-01.02, Figure 2.



UP-01.03

Surgical and Functional Outcomes of Bilateral Synchronous Adrenalectomy for Functional Tumors: A Retrospective Cohort Review

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Introduction and Objectives: We reviewed our 15-year experience with bilateral synchronous adrenalectomy to assess safety, surgical outcomes, morbidity and impact on health-related quality of life.

Materials and Methods: In an IRB approved study, we reviewed our prospectively maintained database of patients who underwent bilateral synchronous adrenalectomy for functional tumours between April 2008 and August 2022. Preoperative clinical parameters, operative details and complications were retrieved. All patients were followed up for resolution of symptoms, current quality of life and complications of chronic steroid intake.

Results: During the study period, 48 simultaneous bilateral surgeries were performed. 33 patients had bilateral pheochromocytomas and 15 had refractory Cushing's syndrome (Table 1). Nearly 60% patients with pheochromocytoma had the triad of headache, palpitations and sweating along with hypertension. 13 (39.3%) had a syndromic association. 40 patients were operated using a transperitoneal laparoscopic approach and 8 through open surgery (Table 2). One left sided adrenalectomy was converted from laparoscopy to open surgery. There were two intraoperative and 7 post-operative complications (14.5%). 43 patients were available for follow-up. All had resolution of symptoms and only two patients continued to receive one antihypertensive medication. Patients of pheochromocytoma gained weight while those with