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Prenatal sonographic evolution and spontaneous postnatal regression of a fetal adrenal mass: a case for conservative management

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Introduction

Fetal adrenal masses are rare, most often haemorrhage or neuroblastoma. Sonographic characterisation is key to guiding management.

Case Presentation

A 34-year-old multigravida (G4P2A1) was referred in the third trimester.

High-resolution ultrasound identified a 21×14 mm heterogeneous left adrenal lesion, suggesting haemorrhage or neuroblastoma.

Management & Outcome

Postnatal ultrasound confirmed a 20×10 mm complex cystic mass. Serial sonographic surveillance showed progressive reduction to a simple 8 mm cyst, with eventual complete spontaneous resolution and normal adrenal glands.

Biochemical Findings

Neuron-specific enolase (NSE) declined from 49 to 19 ng/mL, paralleling the sonographic regression.

Discussion

Serial ultrasound reliably documented regression, avoiding unnecessary intervention.

A conservative watchful-waiting approach proved safe for this benign lesion.

Conclusion

Longitudinal ultrasonography is the gold standard for monitoring fetal adrenal masses, safely guiding conservative management and avoiding unnecessary neonatal surgery.



Figure 1. Prenatal ultrasound: heterogeneous left adrenal mass at third trimester.