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Adrenal Pseudocyst: Case Report and Review of Literature

Introduction

Adrenal cysts are uncommon lesions that are usually benign, with an incidence of 0.06-0.18%. Pseudocysts are the second most common type of adrenal cyst and are characterized by an absence of a formal epithelium.

Case Presentation

57-year-old female who was being evaluated at our outpatient clinic for a recurrent ventral hernia. CT scan of the abdomen incidentally revealed a 7.2 cm right adrenal tumor with peripheral calcifications, and a Hounsfield unit measurement of 26 (Figure 1). The patient was asymptomatic. Evaluation revealed a non-functional mass. Due to its large size and unusual CT findings, resection was indicated. She underwent robotic assisted laparoscopic right adrenalectomy through an abdominal approach. The patient was discharged on postoperative day 1 after an uneventful recovery. Pathology revealed an adrenal pseudocyst.

Discussion

Most are diagnosed incidentally, and are frequently mistaken for cystic lesions of the adjacent organs. 7% of adrenal pseudocysts are malignant, and the risk increased with size (>6 cm). They are usually asymptomatic and nonfunctional. When large, they may complicate with hemorrhage, infection, rupture, and/or mass effect on adjacent structures.

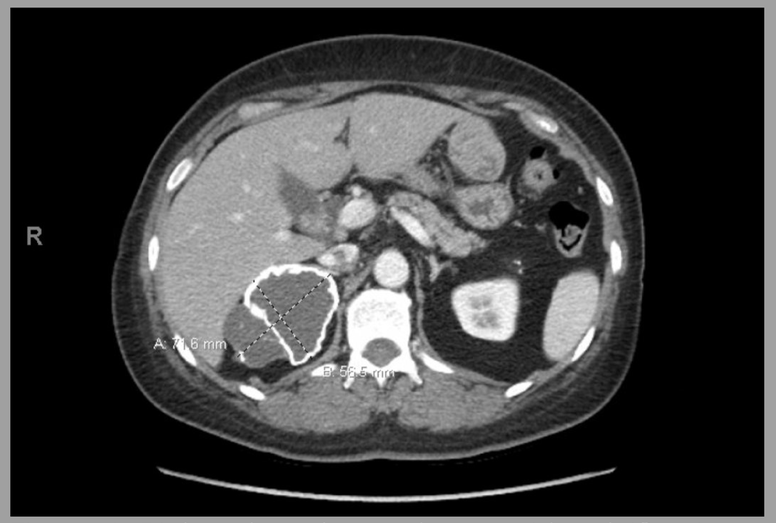


Figure 1. Right adrenal pseudocyst with calcifications.

Conclusion

Adrenal pseudocyst is a rare adrenal tumor that has low malignant potential, and can present with unusual CT findings (such as calcifications). Infrequently, these can result in highly morbid complications. Adrenal incidentalomas are ameable to a robotic approach in carefully selected patients.