



The diagnostic dilemma of low-grade adrenal cortical carcinoma in a young female patient

Maciej D. Bugajski [©], Agata Popow-Gierba, Małgorzata Wysocka-Malik

Department of Radiology and Diagnostic Imaging, Maria Sklodowska-Curie Institute of Oncology, Krakow Branch, Krakow, Poland



Figure 1. MRI, T_2 -weighted image showing 11cm oval, well-circumscribed mass with high, heterogeneous signal, higher than the adjacent liver

LEROIT T Makes 35 of Mul. SQL 13 17 HJ. SQL 13 17 HJ. SQL 13 17 HJ. Ares 0.32 cm² Max 61 00 HJ. SQL 16 HJ. SQL

Figure 2. Fluorine-¹⁸F-FDG-PET-CT PET-CT scan indicating high FDG uptake (SUV max 9.0), more than 3 times higher than the adjacent liver

A 33-year-old woman with hypertension and oligomenorrhea for last 6 months, with an incidentally diagnosed abdominal mass on ultrasound underwent an MRI and ¹⁸F-FDG PET-CT (fig. 1, 2). No abnormalities were seen on lab tests. Initial diagnoses were ganglioneuroma, adrenal cortical carcinoma (ACC) and pheochromocytoma. Ganglioneuroma was supported by age, normal/ lower level of adrenal hormones, well-circumscribed margins, progressive enhancement and persistent in delayed phase (in T_1 w before and after dynamic administration of gadobutrol) and no evidence of metastasis [1, 2]. ACC was supported by haemorrhage on T_1 w, heterogeneous T_2 w signal – higher than an adjacent liver, enhanced density of periadrenal fat [1, 2]. Pheochromocytoma was less confident due to the relatively low signal on T₂w. High FDG uptake (SUVmax 9.0) suggested a malignant character. For all diagnosis parameters like lesion size (11 cm), there was no presence of drop of signal during out-of-phase sequence, no evidence of IVC invasion and local compressive symptoms showed

imaging overlap [1, 2]. DWI revealed a high signal within the lesion, with a low signal on ADC maps. However, DWI does not help a lot in malignant/benign adrenal lesion differentiation [2]. ACC is a very rare and aggressive malignancy, with annual incidence 0.5–2 cases/ million [2]. Excision is a primary treatment for stage I–III disease with adjuvant therapy due to high risk of recurrence even with complete resection [2]. In this case, PET-CT showed adrenal/liver SUV ratio >1.8, indicating the malignant character of the lesion [2]. On laparotomy low-grade ACC, Weiss score 5, Ki-67: 11% was confirmed.

References

- Shawa H, Elsayes K, Javadi S, et al. Adrenal ganglioneuroma: features and outcomes of 27 cases at a referral cancer centre. Clin Endocrinol. 2013; 80(3): 342–347, doi: 10.1111/cen.12320.
- Ahmed AA, Thomas AJ, Ganeshan DM, et al. Adrenal cortical carcinoma: pathology, genomics, prognosis, imaging features, and mimics with impact on management. Abdom Radiol (NY). 2020; 45(4): 945–963, doi: 10.1007/s00261-019-02371-y, indexed in Pubmed: 31894378.

How to cite:

Bugajski MD, Popow-Gierba A, Wysocka-Malik M. *The diagnostic dilemma of low-grade adrenal cortical carcinoma in a young female patient*. *NOWOTWORY J Oncol* 2023; 73: 404.

This article is available in open access under Creative Common Attribution-Non-Commercial-No Derivatives 4.0 International (CC BY-NC-ND 4.0) license, allowing to download articles and share them with others as long as they credit the authors and the publisher, but without permission to change them in any way or use them commercially.