

## Massive Adrenal Cyst

Pitoni L\*; Pinotti E; Montuori M; Carissimi F; Ciocca Vasino M

**\*Corresponding Author: Ludovica Pitoni**

Department of Surgery, School of Medicine and Surgery, San Gerardo Hospital, University of Milano, Bicocca, Monza, Italy.

Phone: +39-327-499-4488; Email: ludovica.pitoni@gmail.com

### Clinical Image Description

Adrenal cysts are rather rare formations and the actual frequency is still unknown; among these, even more rare is the presence of large swellings [1].

We present a case of a 60-year-old male who came to our attention to the emergency room (ER) on April 9th, 2019 for the presence of abdominal pain. His past medical history is unremarkable with no history of trauma. The patient reported that he had not experienced nausea or vomiting and that he had not lost weight.

An abdominal CT-scan was performed showing massive abdominal cystic formation occupying the left abdomen of about 15 cm with low-density fluid content (Figure 1-2). This formation appears to have a posterior implant most likely of left adrenal relevance. No swelling in the right adrenal gland. No significant retroperitoneal lymphadenopathies. Absence of focal lesions affecting the liver, spleen and pancreas. Patent splenic-portal venous axis of regular size. Not ascitic layers. Preoperative blood tests showed an increase in inflammation indexes: WBC: 11,6 mm<sup>3</sup> and PCR:2,15 mg/dL.

An explorative laparotomy was therefore performed (Figure3). Upon entering the abdominal cavity, no free liquid was found in the abdomen. In the left abdomen, there is the voluminous cyst with thin walls and fixed with respect to the deep planes. In its anterior and medial position, it makes close contact with a jejunal loop from which it is smoothly cleaved. The cyst makes contact medially with the inferior mesenteric vein and cranially with the splenic vein and the inferior face of the pancreas while maintaining cleavage from them. In the deeper portion, the lesion is attached to the ipsilateral renal vein from which it is cleaved. Instead, it is inseparable from the lower horn of the left adrenal gland. It was decided to proceed by left partial adrenalectomy “en bloc” with the cyst wall. Due to the possible malignant origin of the cyst, the liquid is aspirated for the study of tumour markers.

The histological examination of the operating piece reveals the nature of the cystic formation corresponding to a simple cyst, without epithelial coating, with a hyaline fibrous wall in the adrenal gland with focal aspects of micronodular hyperplasia of the cortex. Following the gradual improvement of the clinical and laboratory picture, the patient was discharged on the seventh postoperative day. More than a year later, the patient remains in good clinical condition.

In conclusion, in the differential diagnosis of large abdominal cystic mass adrenal cysts should be considered.



Figure 1: CT-scan

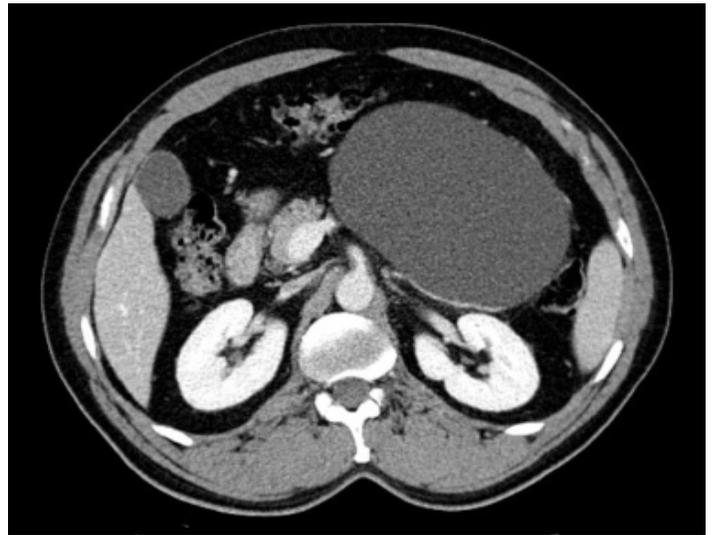


Figure 2: CT-scan

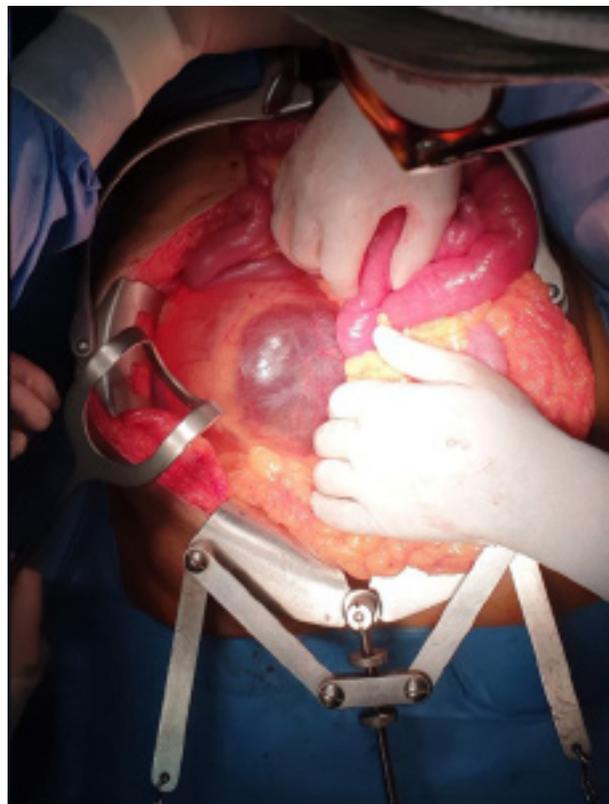


Figure 3: Surgical specimen

## References

1. Furihata M, Iida Y, Furihata T, Ito E. A Giant Lymphatic Cyst of the Adrenal Gland: Report of a Rare Case and Review of the Literature *Int Surg*. 2015; 100: 2-8.
2. Pinotti E, Nardone A, Deldycke A, Ielapi S, Macchini D. Mesenteric cysts: Case report, differential diagnosis and literature review. *Open J Clin Med Case Rep*. 2016; 1193.
3. Pinotti E, Ceresoli M, Montuori M, Sandini M, Trovato A, Cereda M, et al. Huge abdominal cystic mass: A diagnostic dilemma. *Open J Clin Med Case Rep*. 2018; 1492.

**Manuscript Information:** Received: May 09, 2020; Accepted: July 14, 2020; Published: July 31, 2020

**Authors Information:** Pitoni L<sup>1,2\*</sup>; Pinotti E<sup>1</sup>; Montuori M<sup>1</sup>; Carissimi F<sup>1,2</sup>; Ciocca Vasino M<sup>1</sup>

<sup>1</sup>Department of Surgery, Policlinico San Pietro, Via Carlo Forlanini 15, Ponte San Pietro (BG) CAP 24036 Italy.

<sup>2</sup>University of Milano Bicocca, School of Medicine and Surgery, Department of Surgery, San Gerardo Hospital, Monza, Italy.

**Citation:** Pitoni L, Pinotti E, Montuori M, Carissimi F, Ciocca Vasino M. Massive Adrenal Cyst. *Open J Clin Med Case Rep*. 2020; 1680.

**Copy right statement:** Content published in the journal follows Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>). © Pitoni L 2020

**About the Journal:** Open Journal of Clinical and Medical Case Reports is an international, open access, peer reviewed Journal focusing exclusively on case reports covering all areas of clinical & medical sciences.

Visit the journal website at [www.jclinmedcasereports.com](http://www.jclinmedcasereports.com)

For reprints and other information, contact [info@jclinmedcasereports.com](mailto:info@jclinmedcasereports.com)