



Case Report

ASYMPTOMATIC ANGIOMYOLIPOMA OF THE RIGHT ADRENAL GLAND

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Abstract

Angiomyolipoma are commonly found in Kidney but extrarenal sites are also mentioned. It arising in adrenal is very rare entity, usually asymptomatic, diagnosed incidentally on radiological investigation of abdomen for other conditions. We report our experience with a 37-year-old man who presented with sudden feeling of jerking discomfort and generalized weakness. An USS showed adrenal mass, computerised tomography (CT) scan confirmed and outlined the adrenal mass. Adrenalectomy was performed and the histopathological features confirmed the diagnosis of adrenal angiomyolipoma. The patient recovered without any complications following surgery.

Key words: Angiomyolipoma, Adrenal angiomyolipoma, Extrarenal angiomyolipoma, PEComas, Tumors of perivascular epitheloid cell

Introduction

Adrenal angiomyolipoma is rare. Only four cases have been reported so far¹. Angiomyolipoma is apparently a part of a family of neoplasms that derive from perivascular epitheloid cells. It is a rare mesenchymal tumor, usually found in the kidney. Extrarenal angiomyolipoma is uncommon, and the most common extrarenal site is the liver². Angiomyolipoma are known diagnostic challenges to pathologists and a diligent search for adipocytes and abnormal blood vessels may help in confirming diagnosis.

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Case Report

A 37-year-old male presented with sudden feeling of jerking discomfort of whole body and generalized weakness. Sonography revealed a 54 x 45.7 mm well-defined mass in the right suprarenal gland (incidentaloma) (Fig.-1). CT abdomen further defined the mass as of right adrenal origin and a possibility of angiomyolipoma.

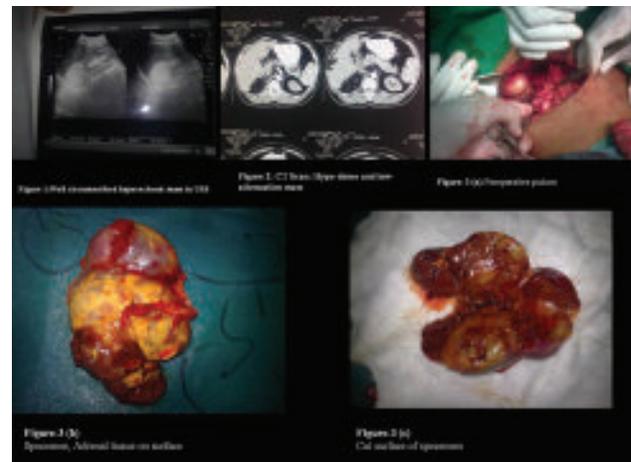


Fig-1 :

Laboratory investigations, that is, Serum Adrenaline 64.0 pg/ml (normal upto 126pg/ml), Nordrenaline 267.70pg/ml (normal upto 600 pg/ml), Cortosol (9am) 480 nmol/L (Normal 116 1065 nmol/L). Exploratory laparotomy revealed 8x5x4 cm mass, soft in consistency, quite separate from right kidney with adrenal gland tissue in surfae. Right adrenalectomy was performed.

On cut section mass was solid, grey-white and non-homogeneous in texture. Histopathological examination revealed mature fat cells, smooth muscle fibres, and thin-walled blood vessels with peripherally compressed adrenal cortical tissue suggestive of angiomyolipoma of adrenal (Figure 3C). The patient had uneventful recovery.

Discussion:

Angiomyolipomas are rare lesions, often arising in the kidney and are a part of a group of tumors with a diverse appearance known as PECOmas (tumors of perivascular epitheloid cell origin). Angiomyolipoma most commonly occurs in the kidney. The next common site is the liver. Extrarenal angiomyolipomas are extremely rare and have been

reported in the liver, colon, suprasellar region, small intestine, skin, intranodal, omentum, breast and adrenal gland.²

Angiomyolipomas predominately composed of smooth muscle cells are known diagnostic challenges to pathologists. They are often misdiagnosed as sarcomatoid carcinoma, carcinoma or sarcoma. Some of these tumors have malignant potential and recur locally. A diligent search for adipocytes and abnormal blood vessels may help in confirming the diagnosis.

Large angiomyolipomas even if asymptomatic should be removed to avoid complications like spontaneous rupture owing to the presence of abnormal elastin and poor vascularity in the tumor². Nevertheless, follow-up is necessary because of atypical morphology.

References

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