

Idiopathic adrenal haematoma

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Abstract

A 49-year-old male presented with right-sided abdominal pain. Further investigation with a computer tomography (CT) abdomen confirmed a large solid heterogenous non-enhancing right adrenal gland mass measuring 7.6 x 6.2 x 6.4cm. Background history did not include any physical trauma to the abdomen. Past medical history did not reveal any cancer history, bleeding disorders, febrile illnesses, rashes or recent surgery. Functional testing showed no evidence of abnormal hormone production. A Positron Emission Tomography (PET) scan two months later showed a faintly avid 7.7 x 6.6 x 5.8cm adrenal mass. An adrenal haematoma may have increased FDG-Avidity secondary to an inflammatory reaction due to fat necrosis, however the lack of comparative contrast enhancement on CT is indicative of a benign process. Non-traumatic adrenal haematoma presenting as an incidentaloma is exceedingly rare with an incidence of 0.14-1.1%. Most are associated with physiological stressful situations like sepsis, surgery and burns. Although the possibility of adrenal haematoma was raised on PET scan, alternate more sinister pathology could not be ruled out. Ultimately, surgical excision diagnosed adrenal haematoma with no history of multi-trauma and no underlying tumour. Non-traumatic adrenal haematomas remain a diagnostic dilemma. With no definitive diagnostic features on imaging and no regression over time, ultimately, surgical excision is required to confirm the benign nature of the mass in these rare circumstances.

Biography

Kenneth Lam completed his Bachelor of Medicine and Bachelor of Surgery (MBBS) in 2016 from Bond University, QLD, Australia. He then completed as Master of Surgery in 2020 from the University of Sydney, NSW, Australia. Dr. Lam is currently a General Surgery registrar at Monash Medical Centre, Victoria, Australia. He has published more than 10 papers in reputed journals.



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