ADULT

PP-01

CLINICAL CHARACTERISTIC OF ADRENAL INCIDENTALOMA FROM 2010 TO 2020 IN HOSPITAL PUTRAJAYA

https://doi.org/10.15605/jafes.036.S27

KG Goh, M Vergis, M Mohamad, N Mohd Noor, Z Hussein
Department of Medicine, Hospital Putrajaya, Malaysia

INTRODUCTION
Adrenal incidentaloma are lesions found incidentally on imaging. With widespread use of imaging in clinical practice, the incidence has increased. We describe the clinical characteristics of adrenal incidentaloma in an endocrine referral hospital in Putrajaya, Malaysia.

METHODOLOGY
This was a retrospective study reviewing medical records for adrenal lesions discovered for non-adrenal imaging from January 2010 to January 2020. Data for demographic, radiological characteristics, hormonal functionality and histopathology data were collected and analysed.

RESULTS
There were 164 identified patients, of which 100 (61%) were female. Site involvement was most frequent on the left (51.2%), followed by the right (40.2%); a few had bilateral lesions (8.5%). It was mostly seen in Malays (59.8%). Non-functioning adenoma was the most common diagnosis (78.1%). Among functioning adenomas, phaeochromocytoma incidence was highest (5%). The incidences of primary aldosteronism and Cushing's syndrome were similar (1.3%). Adrenal cortical carcinoma (ACC), adrenal metastasis and lymphoma were seen in 8.1%. ACC tended to occur between ages 40 to 49 years, whereas adrenal metastases were seen in older age groups. Functioning adenomas were spread out between ages 40 to 69 years. ACC were typically more than 4 cm at detection. Functioning adenomas varied in sizes: 74.8% of non-functioning adenomas measured 1 to 3.9 cm, and 15.1% were more than 4 cm. Hounsfield units for all functioning adenomas and ACC were >20 and varied in non-functioning adenoma.

CONCLUSION
Adrenal incidentaloma requires further assessment as the incidence of functional tumour or malignancies were seen in up to 20%. Clinicians should have a high index of suspicion when encountering any suspected adrenal lesions. Early referral to centres that provide investigation and management of adrenal incidentaloma should be made.

PP-02

PITUITARY METASTASIS UNVEILED FOLLOWING CRANIAL DIABETES INSIPIDUS UNMASKED BY STEROID

https://doi.org/10.15605/jafes.036.S28

Borhan MK, Florence HS Tan, Kuan YC
Endocrinology Unit, Sarawak General Hospital, Sarawak, Malaysia

INTRODUCTION
Pituitary metastasis is uncommon and may occur via haematogenous or meningeal spread. The infundibulum or posterior lobe are commonly involved causing cranial diabetes insipidus (CDI). However, CDI may be masked in patients with glucocorticoid insufficiency due to concurrent hypopituitarism.

RESULTS
Case 1: A 54-year-old woman with stage 3 left breast invasive ductal carcinoma presented with blurring of vision and left 3rd nerve palsy. Brain CT reported left cavernous sinus mass. She was treated as cavernous sinus syndrome with oral prednisolone 30 mg BD. Shortly after, she complained of polydipsia and polyuria, with serum sodium of 154 mmol/L. Paired urine osmolality measurement was 190 mOsm/kg confirming diabetes insipidus. Her symptoms improved and serum sodium normalised after oral desmopressin. Brain MRI revealed thickened infundibulum and posterior pituitary leptomeningeal enhancement suggestive of metastasis. Hormonal workup revealed hypopituitarism. She received hormonal replacement and intrathecal chemotherapy.

Case 2: A 64-year-old man with stage 3 nasopharyngeal carcinoma (NPC) on palliative chemotherapy was admitted for meningoencephalitis. On admission, he was septic and hypotensive, requiring inotropic support and was started on intravenous hydrocortisone. As his blood pressure improved, he developed polyuria up to 6 L/day. Endocrine consult was sought when his serum sodium increased from 144 mmol/L to 173 mmol/L. Urine specific gravity was 1.005 (reference value 1.015 to 1.025). He was started on SC desmopressin and IV hydration, with resolution of polyuria and hypernatremia. Brain MRI reported advanced NPC with extensive local infiltration including bilateral cavernous sinus and pituitary sella. Hormonal workup showed panhypopituitarism requiring thyroxine and hydrocortisone replacement.