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A RETROSPECTIVE REVIEW OF CLINICAL CHARACTERISTICS, NATURAL HISTORY AND FOLLOW-UP OF PATIENTS WITH ADRENAL INCIDENTALOMA

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INTRODUCTION
Adrenal incidentalomas are clinically silent adrenal masses detected on imaging performed for non-adrenal-related reasons. This study aims to describe the clinical characteristics, natural history and follow-up of patients with adrenal incidentaloma in Selayang Hospital.

METHODOLOGY
This is a retrospective review of patients diagnosed with adrenal incidentaloma between January 2014 and March 2022. Data for demographics, radiological characteristics, biochemical function, histopathological examination and follow-up were reviewed and analyzed.

RESULTS
Of the 60 patients included, 53.3% were female. Mean age at diagnosis was 57.9 ± 17.1 years. Lesions were left-sided in 53.3%, while 10% were bilateral. Majority (80%) were non-functioning tumors. Among the 11 cases of functioning tumors, mild autonomous cortisol secretion (MACS) was the most common (45%), followed by pheochromocytoma (36%) and primary aldosteronism (18%). Adrenal tumors with MACS were associated with a significantly higher prevalence of obesity and osteoporosis.

Malignant adrenal tumors were discovered in three cases (5%): one was an adrenocortical carcinoma, while two were metastatic tumors. Mean tumor size was 2.9 ± 0.5 cm (range, 1.0-15.5 cm) with malignant lesions being significantly larger than benign ones (5.1 ± 2.0 cm versus 2.4 ± 2.2 cm, p=0.048). All patients who underwent adrenalectomy in this series were in remission at the time of the last follow-up. Among the conservatively treated patients, only one had a significant increase in tumor size. There were no changes in functionality or malignant transformation during the mean follow-up duration of three years.

CONCLUSION
The prevalence of functioning tumors or malignancy in this series was 20% and 5%, respectively. MACS was the most common type of hormonal abnormality associated with obesity and osteoporosis. Malignant lesions were associated with larger tumor size.