

## PP-A-05

### GIANT ADRENAL LIPOMA MASQUERADING AS LOW-DENSITY PHEOCHROMOCYTOMA: A CASE REPORT

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#### CASE

A 45-year-old Filipino male who had early-onset hypertension for more than 15 years developed left flank pain with no other symptoms such as headache, palpitations, diaphoresis, or lightheadedness. CT imaging showed a large right adrenal mass measuring 8.1 x 7.2 cm with unenhanced attenuation of -85 Hounsfield units, suggestive of an adrenal myelolipoma. Hormonal studies were unremarkable except for elevated 24-hour urinary metanephrines which showed a 3.5-fold increase. Secondary hypertension from low-density pheochromocytoma was initially considered hence terazosin was started prior to surgery. The patient underwent a successful right-sided laparoscopic adrenalectomy with an uneventful postoperative course. Histopathologic examination revealed an adrenal lipoma measuring 10x6x4 cm, and immunohistochemistry was negative for chromogranin A. His urinary metanephrines became normal after surgery. Adrenal lipomas are uncommon and comprise 0.7% of primary adrenal tumors; all of which are nonfunctioning. To the best of our knowledge, this is the first case of a large adrenal lipoma with elevated catecholamines reported in the literature.

#### KEYWORDS

pheochromocytoma, adrenal lipoma, catecholamine-secreting

## PP-A-06

### RISK FACTORS THAT CAN PREDICT ADRENAL INSUFFICIENCY AMONG PATIENTS WITH FEVER OF UNKNOWN ORIGIN

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#### INTRODUCTION

Adrenal insufficiency is one of the causes of fever of unknown origin (FUO). The purpose of this study is to find out risk factors that can predict adrenal insufficiency in FUO patients so that guidelines can be made to recommend the adrenocorticotrophic hormone (ACTH) stimulation test.

#### METHODOLOGY

This study was conducted retrospectively in a tertiary hospital with 846 beds in South Korea. All adult inpatients (age ≥19 years) who have requested a consult with the department of infectious disease for FUO between 1 July 2019 and 30 June 2020 were included in the study. Among them, those who underwent an ACTH stimulation test and had a fever of 37.8<sup>o</sup> or higher within 48 hours of the ACTH stimulation test were included in the study subjects.

#### RESULTS

A total of 202 FUO patients were enrolled and 61 (30.1%) were diagnosed with adrenal insufficiency. In a multivariate analysis, use of immunosuppressant within 3 months (OR 6.06, 95% CI: 1.82–20.13,  $p = 0.003$ ), use of corticosteroid within 3 months (OR 8.23, 95% CI: 1.35–50.17,  $p = 0.022$ ), sodium ≥136.7 (OR 3.43, 95% CI: 1.49–7.88,  $p = 0.004$ ), and calcium ≥8.4 (OR 0.31, 95% CI: 0.14–0.71,  $p = 0.005$ ) were proven to be factors that can predict adrenal insufficiency in FUO patients.

#### CONCLUSION

In FUO patients with immunosuppressive prescription or systemic steroid prescription within 3 months, or with high sodium levels or low calcium levels, an ACTH simulation test should be performed to discriminate adrenal insufficiency.

#### KEYWORDS

fever, adrenal insufficiency