PP-A-07

DIFFUSE LARGE B CELL LYMPHOMA PRESENTING AS BILATERAL ADRENAL NODULES: A CASE REPORT ON PRIMARY ADRENAL LYMPHOMA

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CASE

The case is of a 64-year-old Filipino female presenting with a 4-month history of unintentional weight loss with anorexia. Whole abdominal computed tomography with contrast showed large ovoid adrenal mass (7.4x4.5x3.8 cm right; 6.4x5.4x3.5 cm left) exhibiting heterogeneous and delayed enhancement: precontrast + 40 HU right, +36 HU left; contrast +50 HU right, +42 HU left; delayed phase +68 HU right, +71 HU left with <50% washout period. Upon completion of the hormonal work-up, she underwent laparoscopic exploration of the left adrenal mass. Histopathology revealed high-grade non-Hodgkin B Cell Lymphoma favoring Diffuse large B Cell Lymphoma. The patient is currently enrolled in frontMIND: a phase 3, multicenter, randomized, double-blind, placebo-controlled trial that compares tafasitamab with lenalidomide and R-CHOP (rituximab, cyclophosphamide, doxorubicin, vincristine, prednisone) versus R-CHOP in previously untreated, high-intermediate and high-risk patients with newly-diagnosed DLBCL.

KEYWORDS
primary adrenal lymphoma, extranodal lymphomas, adrenal glands

PP-A-08

GIANT ADRENAL SCHWANNOMA PRESENTING AS ADRENAL INCIDENTALOMA WITH MALIGNANT FEATURES

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CASE

Adrenal schwannomas, which are benign nerve sheath tumors, are rare causes of incidentaloma, accounting for 0.7% of adrenal tumors. A 42-year-old Filipino male presented with right flank pain. An ultrasound showed an incidental right suprarenal complex mass. CT scan of the adrenals showed an 11.1 x 11.1 x 11.5 cm heterogenous, predominantly cystic right suprarenal mass with progressive enhancement, compressing the liver, right kidney, and inferior vena cava, with unenhanced attenuation of 32 Hounsfield units, and an absolute percentage washout of -87%, implying possible malignancy. Plasma-free metanephrines, aldosterone, renin, serum cortisol after 1mg DST, and DHEAS were all unremarkable. He underwent an open right adrenalectomy for an impression of non-functioning adrenocortical carcinoma. Final histopathology diagnosis revealed spindle cell neoplasm and immunohistochemistry staining with S100 showed strong, diffuse, nuclear staining observed in neoplastic cells, compatible with a schwannoma. To our knowledge, this is the first reported case of a giant adrenal schwannoma in the Philippines.

KEYWORDS
adrenal schwannoma, adrenal incidentaloma, schwannoma, adrenal tumors

PP-A-09

TWO-IN-ONE: CONNSHING SYNDROME OR A FORTUNATE COINCIDENCE?

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CASE

Connshing syndrome, a rare disorder of cortisol and mineralocorticoid co-secretion by an adrenal mass, has been recognized as a distinct subgroup of primary aldosteronism. This condition is associated with increased cardiovascular risk, as well as downstream complications stemming from hypercortisolism. A 46-year-old Filipino female with long-standing hypertension and hypokalemia was diagnosed with primary aldosteronism. Low-dose and high-dose dexamethasone suppression tests also confirmed subclinical Cushing's syndrome. Although the patient was beyond 35 years old, adrenal vein sampling was deferred due to the possible interference by hypercortisolism. Laparoscopic adrenalectomy of the left adrenal gland was done, revealing a 3.5 x 2 cm adrenal nodule. Histopathology, however, revealed two adrenal adenomas, which begs the question of whether this is a case of aldosterone and cortisol co-secretion, or if this patient was fortunate to have two separate aldosterone and cortisol-secreting adenomas localized to one gland.

KEYWORDS
Connshing syndrome, primary aldosteronism, Cushing's syndrome, adrenal