POSTER PRESENTATIONS

ADRENAL

PP-A-01

FEMINIZING ADRENOCORTICAL CARCINOMA WITH SUBCLINICAL CUSHING'S SYNDROME IN A YOUNG ADULT MALE

https://doi.org/10.15605/jafes.037.AFES.19

Edrome Hernandez
Philippine General Hospital, Manila, Philippines

BACKGROUND
Adrenocortical carcinoma is a rare endocrine neoplasm which are hormonally active in almost 50% of cases. Feminizing adrenal tumors are only seen in 1-2% of ACC.

CASE
A 39-year-old Filipino male presented with a seven-month history of bilateral gynecomastia, intermittent epigastric pain and unintentional weight loss. Initial work-up revealed a large, heterogeneously-enhancing adrenal mass (24.9 x 12.6 x 18.2 cm) on abdominal computed tomography. Hormonal assessment showed elevated DHEAS (43.75, NV: 3-14.2 umol/L), estradiol (3212.4, NV: 11.65-82.13 pg/ml) and suppressed FSH (<0.08, NV: 1.0-10.5 mIU/ml) and LH (< 0.05, NV: 1.9-9.4 mIU/ml).

Serum cortisol remains unsuppressed after 1 mg dexamethasone test (18.71 ug/dL). The clinical findings of bilateral gynecomastia with no signs of hypercortisolism associated with elevated estradiol and unsuppressed cortisol pointed to a diagnosis of adrenal tumor with mixed hormonal secretion. The patient underwent left adrenalectomy, nephrectomy, pancreatectomy with splenectomy. Histopathology revealed diffuse staining with synaptophysin and weak to moderate staining with MELAN-A and inhibin with 40% Ki-67 index consistent with adrenocortical carcinoma. Five days postoperatively, repeat hormonal workup showed a decrease in estradiol (2326.1 pg/ml) and normalization of FSH (1.48 mIU/ml).

CONCLUSION
Functional ACC is more likely to present with metastatic disease than non-functional ACC, and portends shorter survival. Feminizing ACC has been associated with worse prognosis that is inversely related with estradiol levels. Estrogen excess results from an increase in substrate and presence of aromatase activity within the tumor. This case underscores the importance of hormonal profiling of ACC patients and its associated prognostic implications.

PP-A-02

EPIDEMIOLOGIC PROFILE AND CLINICAL OUTCOMES OF PATIENTS WITH PHEOCHROMOCYTOMA AT THE PHILIPPINE GENERAL HOSPITAL

https://doi.org/10.15605/jafes.037.AFES.20

Edrome Hernandez, Cecilia Jimeno, Elizabeth Paz-Pacheco
Philippine General Hospital, Manila, Philippines

OBJECTIVES
Pheochromocytomas are rare catecholamine-secreting neuroendocrine tumors. They exhibit great variability in terms of clinical behavior which makes it challenging to diagnose. This study aims to describe the epidemiologic profile and to determine the clinical outcomes of patients with pheochromocytoma at the Philippine General Hospital.

METHODOLOGY
We reviewed the medical records of 30 adult patients with clinical, biochemical and histopathologic-proven diagnosis of pheochromocytoma from January 2010 to December 2021. Demographic, clinical characteristics and clinical outcomes were collected. Outcome measures included clinical and/or biochemical remission, recurrence and metastasis.

RESULTS
The median age at diagnosis of pheochromocytoma was 37.5 years (IQR 28-55).The most common metabolic comorbidities detected were glucose intolerance (60%) and hypertriglyceridemia (23.3%). Majority of the patients were hypertensive (90%) on diagnosis. Two-thirds of patients presented with classic features of pheochromocytoma while the remaining third presented with adrenal incidentalomas. Recurrence was found in 17% of subjects, where in those with younger age of presentation (25 years vs 46.5 years, p=0.0229) and bilateral pheochromocytoma (0 vs 75%, p=0.002) had higher likelihood of recurrence. Metastatic pheochromocytoma was found in 10% of the subjects in our institution.