

Giant Adrenal Carcinoma Associated With Vena Cava Invasion: Case Report

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INTRODUCTION: Adrenal Carcinoma is the second more aggressive endocrine malignancy. It affects more women than men (1,5:1) in the first and fifth decade of life. This tumor has an incidence of 1 case / 1,7 million (0,02% of all tumors); adrenal masses up to 6cm are usually adrenal carcinomas. Approximately 60% of cases present with symptoms related to high hormone production (usually corticoids) and up to 70% of them are disseminated at the time of diagnosis. The objective of this poster is to report a giant adrenal carcinoma with cava invasion.

CASE REPORT: 53 year old woman referred to our department with a right adrenal mass. Patient was trying to control the blood pressure for 7months, without success. Besides, she had gained 15kgs in this period. Came with a CT that showed a 15cm right adrenal mass with retrohepatic cava invasion extending to the right atrium. We discussed this case in an oncological session and decided to perform a surgical procedure. Patient was then, submitted to the cardiac procedure and, after that, we performed a right adrenalectomy with nephrectomy and abdominal cavoplastia with dacron prosthesis. Patient stayed in the hospital for 24 days and, after that, went home for the oncologic follow.

DISCUSSION: The adrenal carcinoma tumor extends first to nearby structures such as kidney, inferior and superior vena cava and, sometimes, to the right atrium. Poor prognosis factors are: advanced stage, incomplete surgical resection, high grade, elderly age, size higher than 10cm. Surgery treatment is the choice, even in advanced stages. If not treated the prognosis is poor with less than 35% survival in 5 years.

CONCLUSION: Adrenal Carcinoma is an infrequent tumor with aggressive behavior and usually with metastasis at presentation. The only curative treatment is resection.