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Clinical Images

Large B-cell lymphoma mimicking adrenal pheochromocytoma

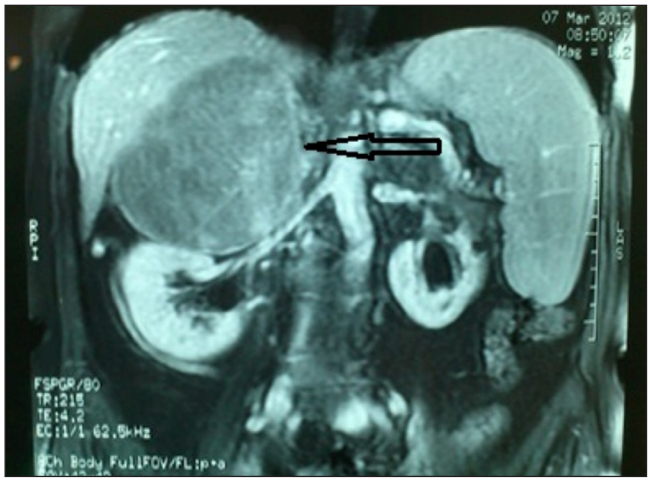

Fig. 1. MRI image of right adrenal tumour the patient.

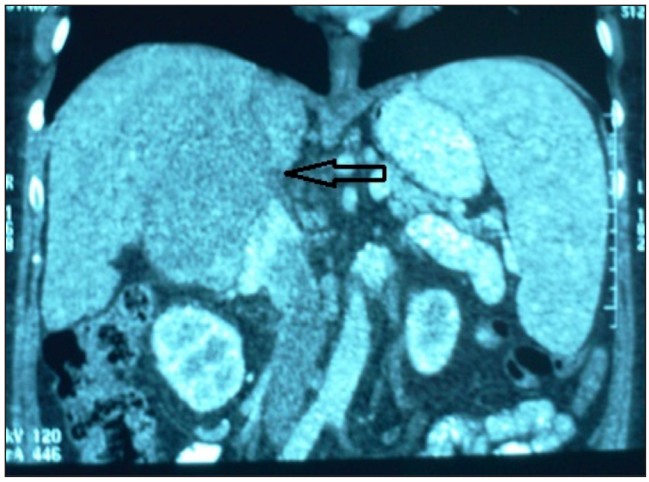

Fig. 2. CT image of adrenal mass the patient.

A 70-year old woman presented to Haydarpaşa Numune Training and Research Hospital, Urology Department, Istanbul, Turkey, in March 2012, with haematuria and 10 kg weight loss during the last three months. There was no abnormality seen in the physical examination. Complete blood count was normal, serum biochemistry profile was within normal limits. Urine (24 h) normetanephrine level was 1160 µg (normal range 92-604 µg). Computered tomography (CT) and magnetic resonance imaging (MRI) revealed right adrenal 11x11x10 cm sized mass (Figs 1 and 2). An adrenal pheochromocytoma was suspected in endocrinological examination. Adrenalectomy was planned for definitive diagnosis and treatment. The patient was treated with open transperitoneal adrenalectomy in urology clinics. Pathological examination of adrenal revealed diffuse proliferation of atypical cells with large hyperchromatic nuclei and narrow eosinophilic cytoplasm. In the immunohistochemical study, tumour cells were positive for CD 20, while CD 5, cyclin D1 and CD 10 were negative. The patient was treated with six cycles of chemotherapy after operation in the oncology department. She had no recurrence and metastasis now.

Adrenal lesions are usually metastases from distant organ malignites[1]. The most common metastases arise from bronchial carcinomas. Primary adrenal lymphoma is rare[2] and adrenal lymphomas are usually bilateral[3].

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