

SOFT-TISSUE IMAGES. ADRENOCORTICAL ADENOCARCINOMA PRESENTING AS CONN'S SYNDROME

Adrenal adenocarcinoma rarely presents with hyperaldosteronism (Conn's syndrome), which usually presents as chronic hypertension with hypokalemia. In severe cases of hyperaldosteronism, profound weak-

ness with bizarre aches and pains may occur acutely.

A 29-year-old woman presented to the emergency department with severe malaise, profound weakness and nausea plus chest and abdominal pains of

fleeting duration. Investigation to rule out biliary tract disease included ultrasonography, which revealed a large left upper abdominal mass. Subsequent CT (Figs 1 and 2) and MRI demonstrated a massive adrenal tumour extending through the left renal vein into the vena cava and upward to the heart. Laboratory investigations demonstrated severe hypokalemia and a high serum aldosterone level with low renin levels.

Surgical management consisted of a sternotomy and abdominal approach with the aid of cardiopulmonary bypass to remove the entire mass, including the left kidney and intracaval extension of the tumour thrombus to the right atrium (Fig. 3). Her recovery was uncomplicated. Management has continued with observation and chemotherapy, although a metastatic pulmonary lesion has developed.

Adrenocortical adenocarcinoma is a lethal disease, requiring aggressive resection if possible. Chemotherapy and radiotherapy have given disappointing results, so recurrent disease is best managed by repeat resection also, if feasible. Unresectable disease has a uniformly poor outcome.

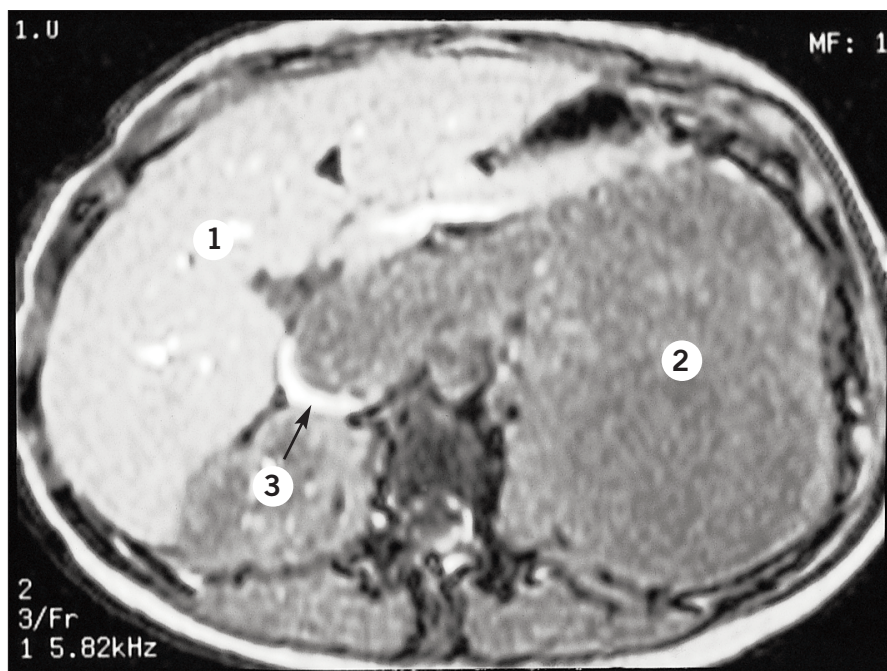


FIG. 1. Transverse section of the abdomen through the liver and the mass. 1 = liver, 2 = adrenal tumour filling renal vein and vena cava, 3 = blood flow in the vena cava; white crescentic line indicates blood in the lumen of the vessel.

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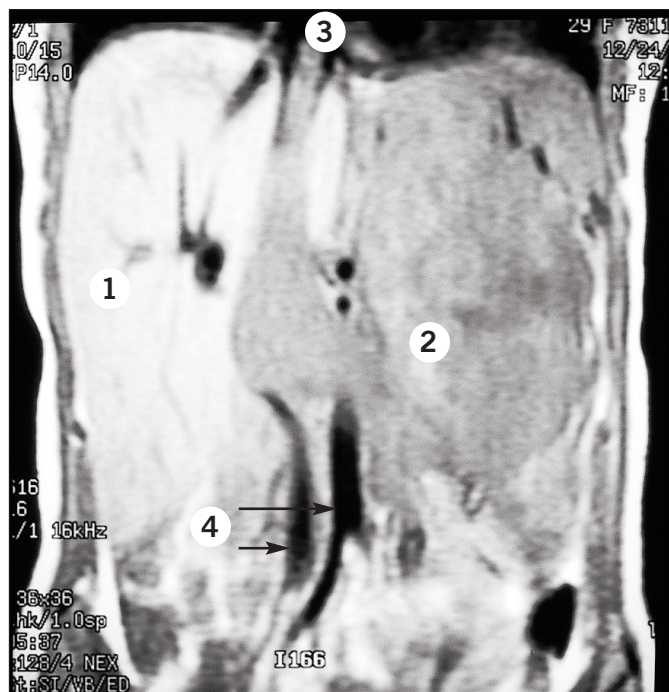


FIG. 2. Coronal section of the abdomen and adrenal mass. 1 = liver, 2 = adrenal tumour extending into the vena cava upward above the hepatic veins to the right atrium (3), 4 = blood flow in the vena cava.

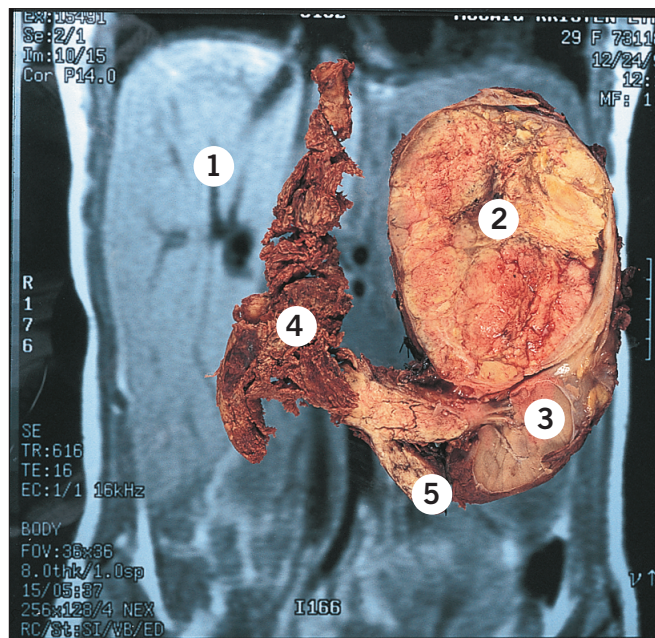


FIG. 3. Resected adrenal tumour with intracaval tumour thrombus superimposed on the coronal CT scan. 1 = liver, 2 = adrenal tumour, 3 = kidney, 4 = vena cava with tumour thrombus, 5 = ovarian vein with tumour thrombus.

Notices

Avis

Trauma and critical care

The American College of Surgeons' Committee on Trauma will present a program entitled "Trauma and Critical Care '99 — Point/Counterpoint XVIII." The venue will be Bally's Park Place, Atlantic City, NJ, May 23 to 26, 1999. The course objectives are to review the latest developments in the care of the acutely injured patient; to re-examine current diagnostic and treatment approaches and describe alternative methods; to describe the latest operative techniques in dealing with life- and limb-threatening injuries; to present challenging case management scenarios and offer advice regarding difficult diagnostic, therapeutic and technical challenges; to critically examine the emerging role of clinical practice guide-

lines and determine their place in the overall management of injured patients; to address currently mandated documentation and coding issues; and to simplify ventilator management while adopting an aggressive treatment approach to respiratory failure in trauma patients. The faculty comprises Drs. L.D. Brit, S. Brotman, D. Feliciano, P. Letarte, R. Orlando, III, L.H. Pachter, C.W. Schwab and D.D. Trunkey. Credit: 23 hours in ACME Category I. Registration fee is US\$525 on or before Apr. 20, 1999 or \$US595 thereafter. For further information contact Ms. Carol Williams, Trauma Department, American College of Surgeons at tel. 312 202-5342, cwilliams@facs.org or www.facs.org/about college /acsdept/trauma dept/cme/traumtgs.html

Breast, endocrine and cancer surgery

The Department of Surgery, University of Minnesota Medical School will sponsor its 63rd annual course on advances in breast, endocrine and cancer surgery to be held at Willey Hall, University of Minnesota, Minneapolis, Minn. from June 16 to 18, 1999. Credit: AMA Category I. Fees are US\$550 (\$US350 for medical residents). For further information contact: Office of Continuing Medical Education, University of Minnesota, 107 Radisson Hotel Metrodome, 615 Washington Ave. SE, Minneapolis MN 55414; tel 612 626-7600 or 800 776-8636, fax 612 626-7766, www.med.umn.edu/cme

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