Adrenal Myelolipoma- A Rare Case Report

Abstract
Adrenal myelolipoma is a rare benign tumour composed of mature adipose tissue and hematopoietic tissue. Very few cases have been reported. Most of these patients are asymptomatic. I present a rare case of Adrenal Myelolipoma where the patient presented with hypertension and a clinical suspicion of Pheochromocytoma, which turned out to be an Adrenal myelolipoma. Adrenal myelolipoma is a rare entity, not encountered frequently and can occur as an incidental finding. Awareness regarding this entity is very much essential to exclude surgical exploration or extensive surgery.

Introduction: Adrenal myelolipoma is a rare benign tumour composed of mature adipose tissue and hematopoietic tissue. They are found incidentally at autopsy or through CT scan done for other reasons[1]. Extra-adrenal sites for myelolipomas include retroperitoneum, thorax and pelvis[2]. Frequency of myelolipomas in adrenal incidentalomas varies between 7-15%[3]. Until 2001, only 158 surgically documented cases of adrenal myelolipoma have been reported in English literature, following which very few cases are reported. They are hormonally inactive though they may sometimes coexist with primary aldosteronism, congenital adrenal hyperplasia (CAH), pheochromocytoma, adenoma and Cushing’s syndrome[1,4]. Most of these patients are asymptomatic, occasionally may present with abdominal pain due to either being large or from spontaneous hemorrhage, more likely when predominantly composed of myeloid tissue. Awareness regarding this rare entity is essential to avoid extensive surgery.

Case clinical Findings: a 45 years old female presented with intermittent right loin pain with paroxysmal headache and exertional dyspnea since 3 months. On clinical examination she was found to be a hypertensive (BP:160/100mmHg.). She was obese (Body weight was 95 kg). There was no other significant finding. Pheochromocytoma was suspected clinically.

Investigations: Ultrasonography revealed a highly echogenic well defined mass 6x4.5cm in the right suprarenal region. Computerized tomography scan showed a well outlined mass that has some fatty content measuring (6x5x3.5cm) superior to the upper pole of right kidney in the suprarenal region. Both kidneys were normal with only downward displacement of the right kidney.