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A Rare Cause of Adrenal Incidentaloma: Ganglioneuroma

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Abstract

Ganglioneuromas arise from sympathetic ganglion cells and, like paragangliomas and pheochromocytomas, have the capacity to synthesize and secrete catecholamines (%30). They can be seen anywhere throughout the sympathetic nervous system but most commonly located in the posterior mediastinum and retroperitoneum. They usually hormonally inactive and detected incidentally. We report a case of a female patient with incidentally detected adrenal ganglioneuroma.

Case: Eighteen-year old female patient was admitted to hospital with abdominal pain. Physical examination was insignificant except right lower quadrant pain. Laboratory tests were normal with no significant past medical history. She was prediagnosed as appendicitis and abdominal ultrasonography was performed which revealed 95x52 mm well-defined right adrenal mass lesion. Patient was referred to endocrinology department for futher evaluation. Abdominal MRI showed a solid mass measuring 65x72x91 mm arising from right adrenal gland. Tumor was hypointense on T1A and T2A-weighted images, with no significant washout. Endocrinologic evaluation of urinary catecholamines, cortisol, calsitonin were normal. One mg overnight dexamethasone suppression test was suppressed. Although catecholamine levels were normal, we could not exclude pheochromocytoma so alpha blocker treatment was initiated preoperatively. Right adrenalectomy was performed without any complications. Pathology result was compatible with ganglioneuroma.

As no sign and symptoms are pathognomonic for adrenal ganglioneuromas differential diagnosis is often challenging. Adrenalectomy is the gold standard for the diagnosis and treatment. Overall prognosis is generally good.

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