Robotic Resection of Adrenal Ganglioneuroma Presenting as Incidentally Found Adrenal Mass Clayton O. Rooks, MD, Brenda L. Ma, DO, Kelly A. Brister, MD, Wade. O Christopher, MD, W. Shannon. Orr, MD

Introduction

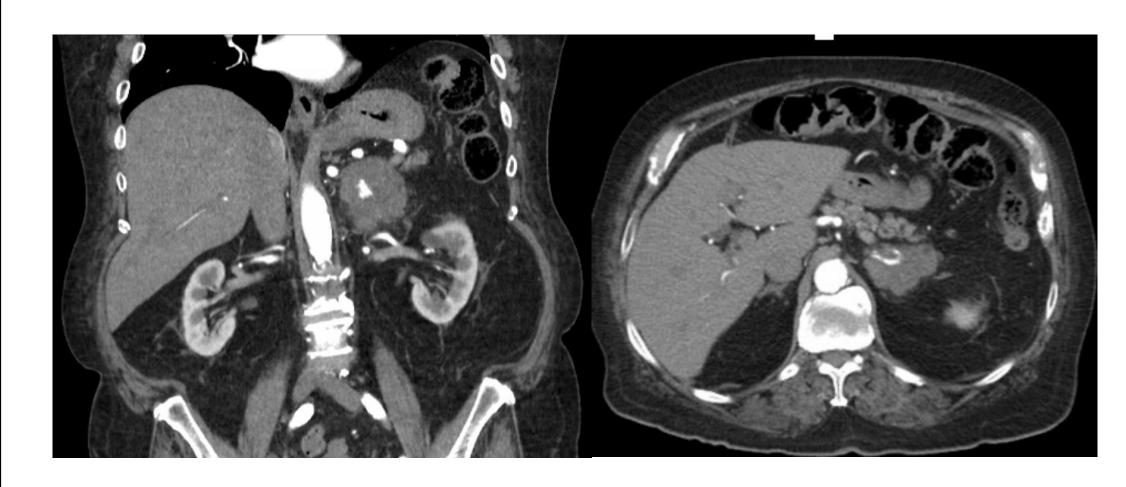
Incidentally found adrenal masses or incidentalomas may be composed of a variety of cell types and are clinically described based on size and functionality. Workup and management of these incidentalomas can be challenging and a definitive histologic diagnosis is not always made prior to an operation. Adrenal ganglioneuroma is a rare, usually nonfunctional adrenal mass that is generally found incidentally given its asymptomatic clinical picture. It accounts for less than 2% of all adrenal masses. These mainstay of treatment for ganglioneuromas is surgical excision, and we demonstrate that they may be safely removed with a minimally invasive technique.

Methods

We describe the biochemical workup and roboticassisted surgical resection of an adrenal incidentaloma

We present a case of a 79-year-old male with history of coronary artery disease, hypertension, aortic stenosis requiring transcatheter aortic valve replacement (TAVR), prostate cancer with prior robotic prostatectomy who presented with an incidentally found left adrenal mass on computed topography angiogram (CTA) noted on his TAVR workup. After presentation to our clinic, computed topography (CT) adrenal protocol showed a 5.6 cm left adrenal lesion. Labs were obtained and within expected ranged with plasma renin 5.8, aldosterone 7, DHEA-S 15, free metanephrine <25, free normetanephrine 134, and cortisol 9.8. He was taken to the operating room for a robotic-assisted left adrenalectomy. The mass was densely adherent to the retroperitoneum, though able to be excised en block. Frozen section of the mass was performed and demonstrated a benign nerve tumor, likely schwannoma. The patient was able to be discharged home on POD 1. Final pathology revealed adrenal ganglioneuroma. He has been seen in follow up and is doing well without evidence of recurrence.

Results



Adrenal ganglioneuromas are rare adrenal tumors of neural crest origin that require histologic evaluation for diagnosis. They are often found incidentally and are typically non-functional. This case report describes a successful robotic excision of an adrenal ganglioneuroma. We advocate for further study into this rare entity of adrenal incidentaloma.



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Conclusion