

# Adrenocortical Adenoma With Myelolipomatous Metaplasia as a Diagnostic Pitfall: A Case Report and Review of the Literature

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## Case Report

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# Abstract

## Background

Adrenal incidentalomas are often found during investigation for another tumor or unrelated problems. Except for adrenal myelolipoma (second most common primary adrenal incidentaloma following adrenocortical adenomas), adrenal lipomatous tumors are uncommon generally and are often described as case reports in the literature. Since the amount of fat is variable, without the help of advanced imaging techniques, some adrenal lipomatous tumors may be misdiagnosed before pathologic examination. Herein, we report a case of adrenal adenoma with myelolipomatous metaplasia which was excised as a periceliac mass in the setting of recurrent pancreatic cyst.

## Case report

A 45-year-old woman with hypertension and end stage renal disease presented with recurrence of a pancreatic cyst (previous pathologic report was mucinous cyst adenoma). During exploratory laparotomy, the mentioned pancreatic cyst was tightly attached to the stomach and jejunum. There was also a periceliac round rubbery lesion (firstly diagnosed by endoscopic ultrasound) which was excised for ruling out malignancy. Histologic examination of the periceliac mass was found to be adrenocortical adenoma with foci of myelolipomatous metaplasia. The pancreatic cyst histology was just a pseudocyst.

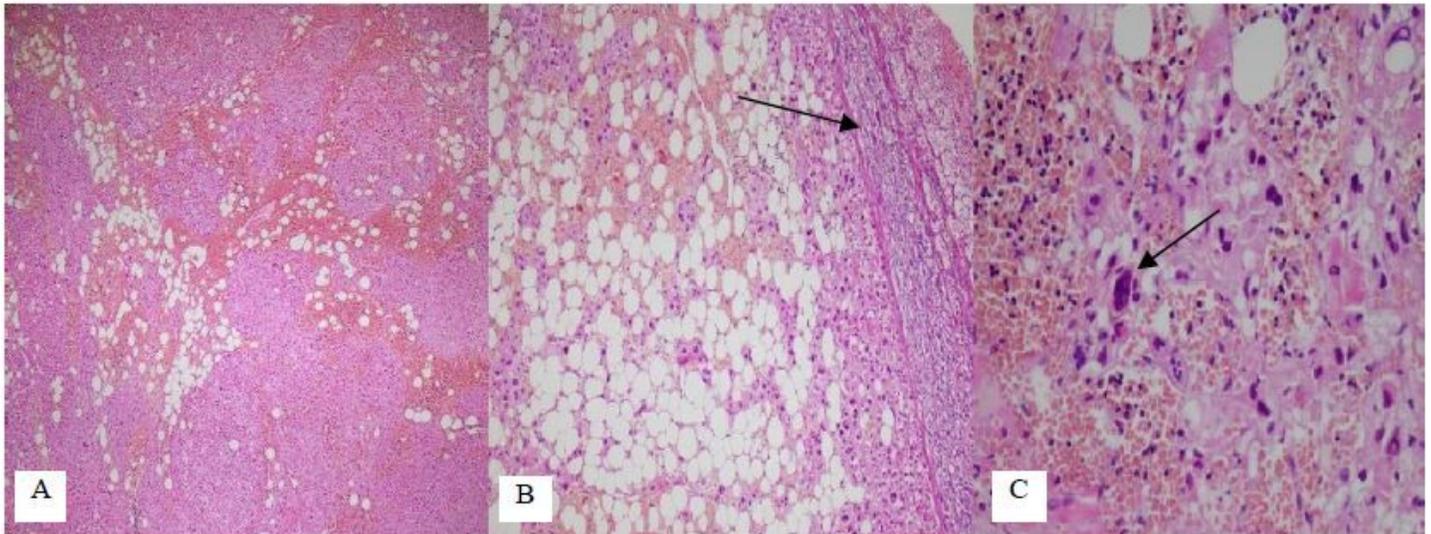
## Conclusion

Our case highlights the significance of complete evaluation of incidental findings before surgical intervention, even in the setting of another primary tumor. Myelolipoma and myelolipomatous change (metaplasia) are two different entities. Although very similar as to pathogenesis, there are still some differences.

# Full Text

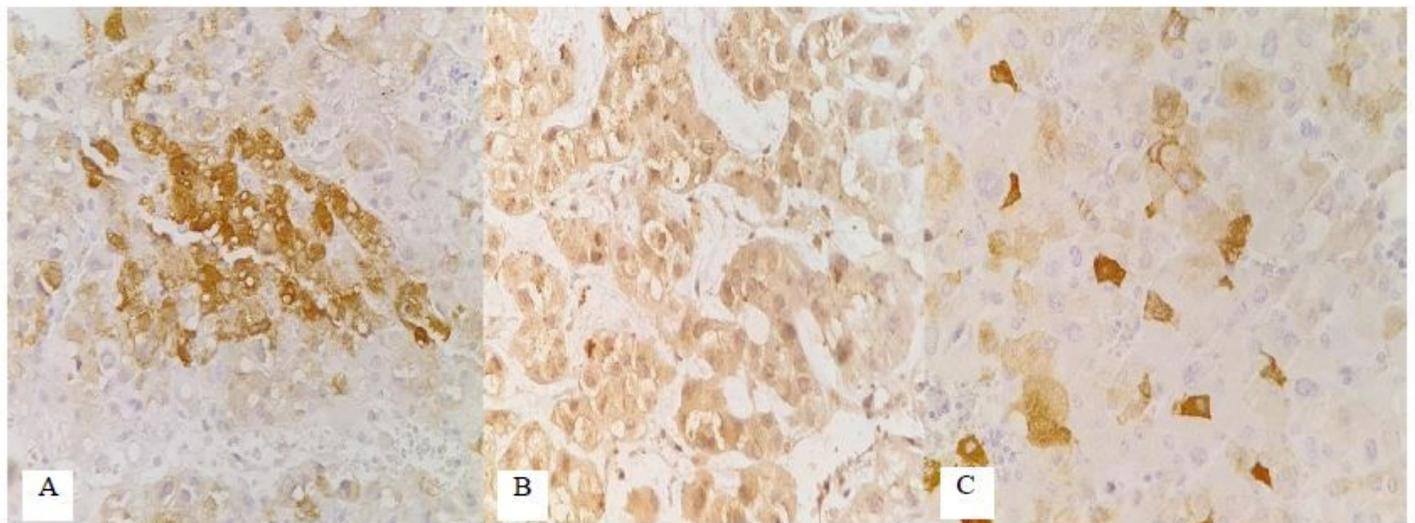
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# Figures



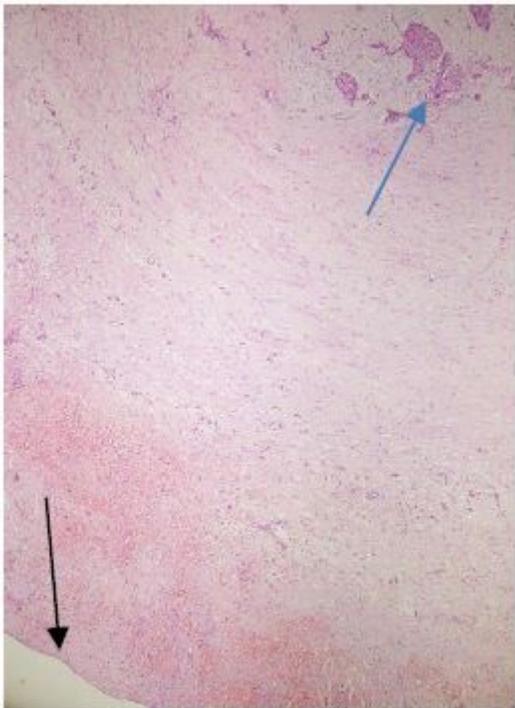
**Figure 1**

Histological examination. A, adrenocortical neoplasm intermixed with adipose tissue (hematoxylin and eosin x 40). B, ACA with myelolipomatous metaplasia and a thin rim of normal adrenal gland (hematoxylin and eosin x 100). C, myelolipomatous metaplasia with bone marrow elements including megakaryocyte (arrow)(hematoxylin and eosin x 400).



**Figure 2**

Immunohistochemistry study. A, inhibin x400 . B, melan A x 400. C, synaptophysin x 400.



**Figure 3**

Microscopy of the pancreas cyst showing no definite epithelial lining(black arrow) and remnant of the endocrine component(blue arrow)

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