

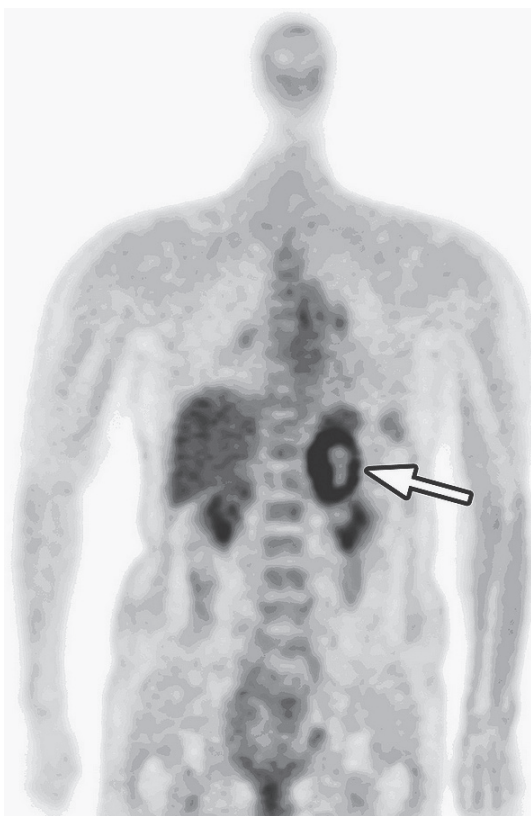
Inflammatory Myofibroblastic Tumor Mimicking Adrenal Incidentaloma

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Key words: inflammatory myofibroblastic tumor, adrenal incidentaloma, suprarenal tumor

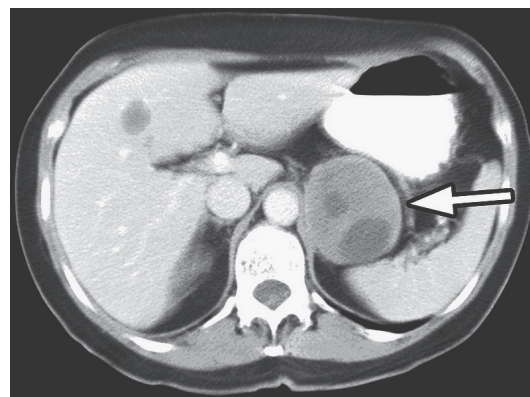
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Picture 1. A F-18 FDG PET demonstrated hypermetabolism with central photopenia in the left suprarenal region (arrow).

A 57-year-old woman was referred to our hospital because of suspicious adrenal incidentaloma which had been discovered on fluorine-18 fluorodeoxyglucose positron emission tomography (F-18 FDG PET) during a routine checkup (Picture 1). Physical examination revealed no Cushingoid appearance. Lab data was unremarkable. Subsequent computed tomography (CT) of the abdomen demonstrated en-



Picture 2. Abdominal CT demonstrated an enhanced left suprarenal tumor with interior hypodense foci (arrow).

hanced left suprarenal tumor about 8.5×5.5 cm in size with interior hypodense foci (Picture 2), suggestive of adrenal malignancy. The patient received diagnostic and therapeutic laparotomy because of worrisome radiographic features. The pathology revealed an inflammatory myofibroblastic tumor (IMT) of the lymph node.

IMT was first observed in the lung and described by Brunn in 1939 (*J Thorac Surg*), and subsequently termed inflammatory pseudotumor by Umiker and Iverson in 1954 (*J Thorac Surg*). IMT is a benign tumor composed of myofibroblastic spindle cells of uncertain etiology, which can occur in a variety of organs and tissues (1). IMT of a lymph node located in the abdomen remains a rare condition. It was very difficult to make an accurate preoperative diagnosis in this case according to images study. Most cases finally require surgical exploration and resection to obtain a correct diagnosis. Regarding the prognosis, IMT of lymph nodes is generally a benign condition. This case reminded us that IMT of an intra-abdominal lymph node should be consid-

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ered in the differential diagnosis of incidental suprarenal tumor (2).

The authors state they have no Conflicts of Interest (COI)

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