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原發性腎上腺素缺乏合併雙側腎上腺腫瘤病例報告

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PRIMARY ADRENAL INSUFFICIENCY WITH BILATERAL ADRENAL TUMOR: A CASE REPORT

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Abstract:

We report a case of bilateral adrenal tumor. A 41-year-old man with history of hepatitis C and previous heroin abuse for 5 years with Methadone treatment was admitted to the hospital because of body weight loss about 20 kg in 2 years and general weakness for 3 months. Physical examination showed pigmentation over whole body (Oral mucosa, lips pigmentation, finger wrinkling pigmentation). Hematological examination showed high ACTH(200 pg/ml), normal aldosterone, and normal VMA, but decreased Cortisol level(1.30 ug/dL). Brain MRI showed a subtle less enhancing nodule in the left lateral pituitary gland with slightly bulging of the diaphragmatic sella, compatible with pituitary microadenoma suspect pituitary tumor. Nelson syndrome with skin pigmentation was diagnosed and abdominal CT showed bilateral adrenal glands mass. Cryptococcal antigen blood was positive. Under the impression of primary adrenal insufficiency and bilateral adrenal mass, he was admitted to genitourinary ward for adrenal tumor biopsy.

We arranged laparoscopic left adrenal excisional biopsy and left partial adrenalectomy with Thallium laser. The operative finding showed whitish pus like substance was noted in the adrenal gland. Pathology showed necrotizing granulomatous inflammation, and multinucleated giant cells. Cryptococcosis was highlighted by PAS and GMS staining. After he was proved a case of Cryptococcus bilateral adrenal infection, he was recovery of adrenal function under prolonged anti-fungal treatment.