

LARGE BILATERAL ADRENAL METASTATIC MELANOMA

Bleritina Dyrnishi¹; Taulant Ollashi¹; Elvana Rista¹; Majlinda Ikonimi¹; Entela Puca²; Thanas Furera²; Agron Ylli²
Hygeia Hospital Tirana Albania
UHC "Mother Teresa"; Tirana, Albania

BACKGROUND

Adrenal metastatic melanoma can be found in up to 50% of patients with melanomas. These tumors are not hormone-secreting, and they usually present with locally advanced disease.

THE CASE

We report on the presence of a bilateral massive metastatic adrenal melanoma in a 56-year old woman with the initial clinical diagnosis of bilateral adrenal cyst or hemorrhage, and chronic adrenal failure.

The patient underwent surgery one month before the admission to our hospital, left laparotomic adrenalectomy, for a big tumor in the left adrenal gland 9.6 x 10 cm.

Histological assessment of the left adrenalectomy misdiagnosed an adrenal carcinoma.

Since the patient had chronic adrenal failure, the treatment before and after surgery with hydrocortisone 20 mg/day was started.

One month after the surgery she was admitted to our hospital with :

- weight loss,
- fatigue,
- and multiple mucocutaneous nodules.

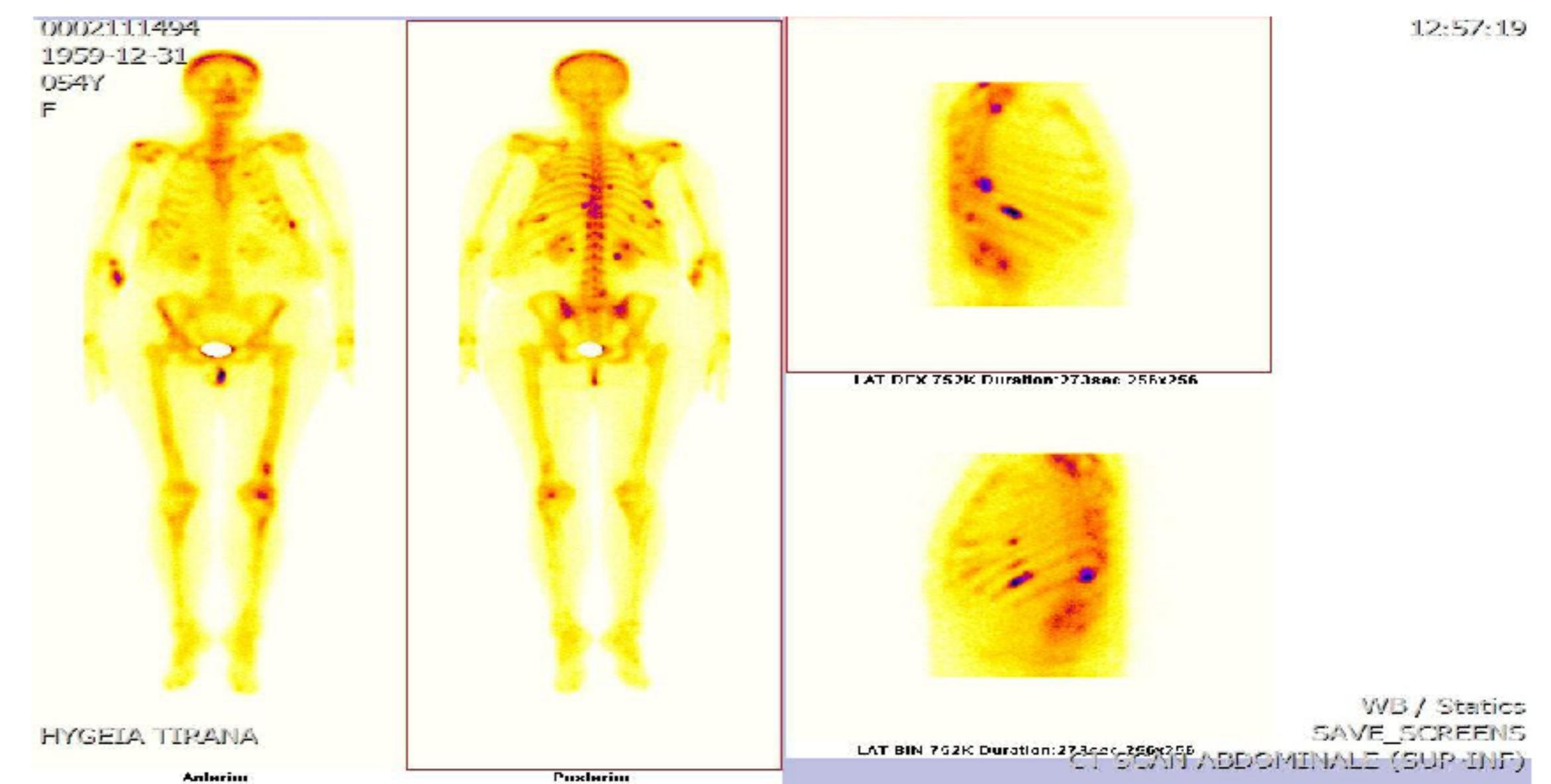
Abdominal CT scan: Multiple liver and spleen metastasis and a large metastasis in the right adrenal gland 9.5 x 10 cm.

Lab Data:

ACTH	165 pg/ml	(normal range 10-65);
Serum cortisol (08:00 AM)	1.0 g/dl	(normal range 3.4-12.5);
FBC :	WBC 9260; RBC 4.100.000; Hb 10.4 gr/dl; PTC 371.000;	
ESR	30 mm/h;	
Calcium	9.2 mg/dl.	

ICH of mucocutaneous nodules and reexamination of biopsy of left adrenalectomy: malignant melanoma.

Total Body Scan with Tc99: Multiple metastasis in the large bone and ribs.



RESULTS

CONCLUSIONS

- Melanoma metastasis to adrenal gland generally has a poor prognosis.
- Patients with adrenal metastases from melanoma, either isolated or with a limited number of additional metastases, may achieve a survival benefit from surgery.
- Unfortunately the diagnosis of our case was made in an advanced state and the patient continued only with symptomatic therap

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