15-20% din incidentaloamele SR care apar la 4% din pop adulta si 10 % din varstnici

Secretie autonoma, ACTH independenta. Fara semne de SC.

Mai frecvent la tumorile mari (>2,4cm), ocazional intermitenta

Biochimic : alterarea testelor de supresie dar cu CLU si cortizol salivar ora 24 normale. ACTH supresat

In2002, TheNational institute of Health ,State-of-the-Science conference panel recommended as standard the overnight 1-mg DST with the cut-point of 138nm(5mcg/dl) to define adequate suppression. The samer recommendation has been expressed by the more recent AACE/AAES medical guidelines for the management of adrenal incidentaloma. A controversial voice raised from the FrenchSociety of Endocrinology endorsing the cut-off of 50nm (1.8mcg/dl) that was recently proposed by the Endocrine Society Clinical guidelines for the screening of overt Cushing’s syndrome. O propunere ar fi <50 nM nu e SCsc, > 138nM, e SCsc, intre -> zona de gri, de monitorizat.r

Imagistic CT fara subst de contrast = densitate mai mica de 10 HU. 30% Au densitate mai mare --> evaluare cu subsranta de cintrast la 15 minute post contrast --> spalare mult mai rapida in adenoame.

Secundar, RMN, PET/CT, scintigrafie SR.

Risc, cel putin teoretic de sindr metabolic si OP, cu mortalitate mai mare, dar studii neconcludente inca. Modificare dinamica, care poate evolua spre remisiune, poate fi stationara sau progresiva (rar).

Risc crescur de HTA, DZ2

Tratament - adrenalectomie, mai ales la tineri sau cei cu semne progresive de hipercorticism sau cu compicatii metabolice/osteoporotice.

The NIH state-of-the-science statement suggested that either adrenalectomy or careful observation is a treatment option for SCS patients.

The AACE / AAES Medical Guidelines for the management of adrenal incidentalomas recommended that surgery should be reserved for SCS patients with worsening hypertension, abnormal glucose tolerance, dyslipidemia or osteoporosis (recommendation with low level of evidence).

The AME position statement on adrenal incidentaloma suggested that surgery should be elected for younger SCS patients presenting diseases potentially attributable to cortisol hypersecretion with a recent onset, or a rapid worsening

Dupa operatie fac insuficienta suprarenala si au nevoie de substitutie. De luat in considerare si la incidentaloamele SR, indiferent de functia preop

Monitorizare imagistica la 6 luni ( unii recomanda la 3 resp 12 luni), apoi anual 1-2 ani, test la dxm anual 4-5 ani. Alta varianta ar fi monitorizare imagistica anuala 2-3 ani apoi la 2 ani pt cei intre 2-4cm care nu cresc, hormonal anual si mai ales urmarire pt tulb. metab sec hipercorticismului.