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Rare Adrenocortical Carcinoma presenting with Cushing's syndrome: Case report

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Background: Adrenocortical carcinoma (ACC) is rare and poor prognosis endocrine cancer. Mostly ACC is non-functioning cancer, however 30-50% can produce endocrine hormones such as corticosteroid, aldosterone or sex steroid.

Clinical case: A 65-year-old woman presented with round face, incidental brusing and weight gain for 6 months. Physical examination showed dorsocervical and supraclavicular fat pad, abdominal obesity, multiple ecchymosis at extremities and proximal muscle weakness grade 4/5. She also loss of her height around7 cm. when compared with previous height. Axial BMD T-score revealed osteoporosis. Blood for 25-hydroxy vitaminD level showed 12.59 ng/mL (normal > 30 ng/mL). The laboratory for evaluation of hypercorticolism showed high 24-hour urinary free cortisol (477.02 and 397.88 ug/day) conversely with low normal ACTH level. The abdominal computed tomography revealed a large left heterogenous hypervascular adrenal mass diameter 5.9*6.2*6.6 cm. Then, left adrenalectomy was performed and histopathology demonstrated adrenocortical carcinoma with lymphatic emboli. The radiation was prescribed for adjuvant treatment in this patient. After tumor resection, the features of fat redistribution were slowly resolution within several months. The abdominal CT scan revealed complete resolution of tumor. Osteoporosis drugs were given to prevent fracture in the future.

Conclusion: Adrenocortical carcinoma (ACC) may presenting with clinical syndrome of Cushing. Tumor resection and treating the complications of hypercorticolism are gold standard management of cortisol-secreting ACC.

Keywords: cushing syndrome, adrenocortical carcinoma