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Adrenal Cavernous Hemangioma with Hormonal Hypersecretion: A Case Report

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Introduction: Cavernous hemangiomas of the adrenal gland are rare, with presentation that is vague and discovered incidentally through imaging. The first cavernous hemangioma of the adrenal gland was surgically removed in 1955. Since then, only 63 cases have been reported and only three were functional.
Case: A 49-year-old hypertensive male on triple anti-hypertensive medication came in because of an incidental ultrasound finding of an 8.9x9.5x8.5cm heterogeneously enhancing left suprarenal mass during a routine medical examination. CT scan showed an 8.9 cm left adrenal mass suspicious for adrenocortical carcinoma. Plasma aldosterone, renin, potassium, sodium, dexamethasone suppression test and DHEAS were unremarkable while the 24h urine metanephrine was elevated. He underwent laparoscopic resection of the left adrenal gland and histopathology revealed cavernous hemangioma. Postoperatively, blood pressure was at 120-130/80 on nebivolol. He was discharged stable after two days.
Discussion: Adrenal incidentaloma is present in up to 10% of patients imaged for non-adrenal disease and functioning tumors and carcinomas account for around 4%. Adrenal hemangiomas are rare, benign vascular malformation, usually non functional, mostly cavernous, unilateral lesions which appear between the ages of 50 and 70 years, with a 2:1 female to male ratio. They are usually >10cm when discovered because it is incidental and asymptomatic. Surgical resection is necessary due to their propensity to bleed and the inability to rule out malignancy.
Conclusion: Adrenal cavernous hemangioma should be considered in the differential diagnosis of adrenal incidentaloma and the presence of hormonal hypersecretion does not exclude its diagnosis. The treatment is surgical removal.