SPIRAL CT SCAN OF RIGHT ADRENAL MYELOLIPOMA: IMAGES DEMONSTRATION

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Myelolipoma occur most commonly in the adrenal gland. Extra-adrenal sites include the mediastinum, perirenal, and presacral areas, as well as the liver and stomach.[1,2] Most common in the 5th to 7th decades of life, they are unusual under 30 years of age. There is a roughly equal sex predilection. In about half of patients with adrenal myelolipoma the lesion is an incidental finding. With the use of high-resolution CT and ultrasound, adrenal myelolipmas are discovered with increasing incidence. The most common symptoms are abdominal or flank pain followed by hematuria, palpable mass, hypertension, dysuria, or an associated hormonal disorder such as Cushing's syndrome. Myelolipomas are grossly circumscribed. Microscopic section show that the lesion is sharply demarcated but lacks a capsule. The lesions are usually solitary and unilateral but this is not always the case. The gross appearance of the lesion on cross section depends on the amount of adipose tissue versus hematopoietic component. If the former predominates, the cut surface is frequently yellow, and the hematopoietic or myeloid constituent may be red or purple. Adrenal myelolipomas can be large, measuring up to 34 cm in dismeter, or the lesion may be discovered incidentally at autopsy and be quite small. Microscopically, myelolipomas consist of hematopoietic elements usually representing all three maturation sequences admixed with mature adipose tissue. Occasionally one can seen bony trabeculation.

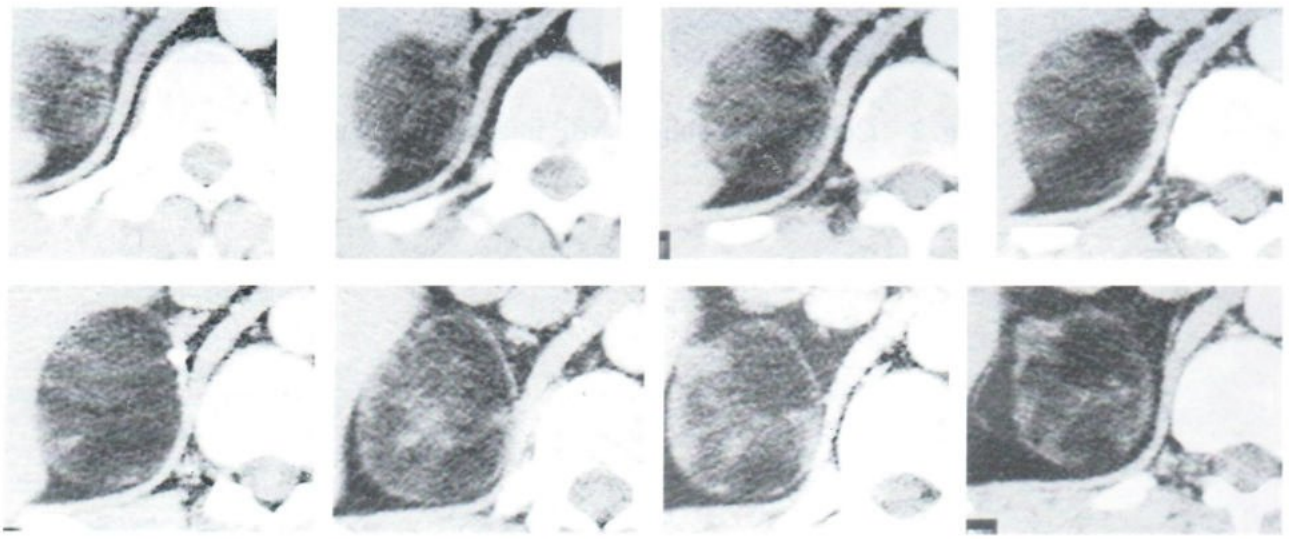

Fig. 1 Axial images of the right adrenal myelolipoma, the tumor contains mainly fatty tissue with less soft tissue density component as nodular and patches. The tumor has well defined sharp border, containing medial wall calcification.

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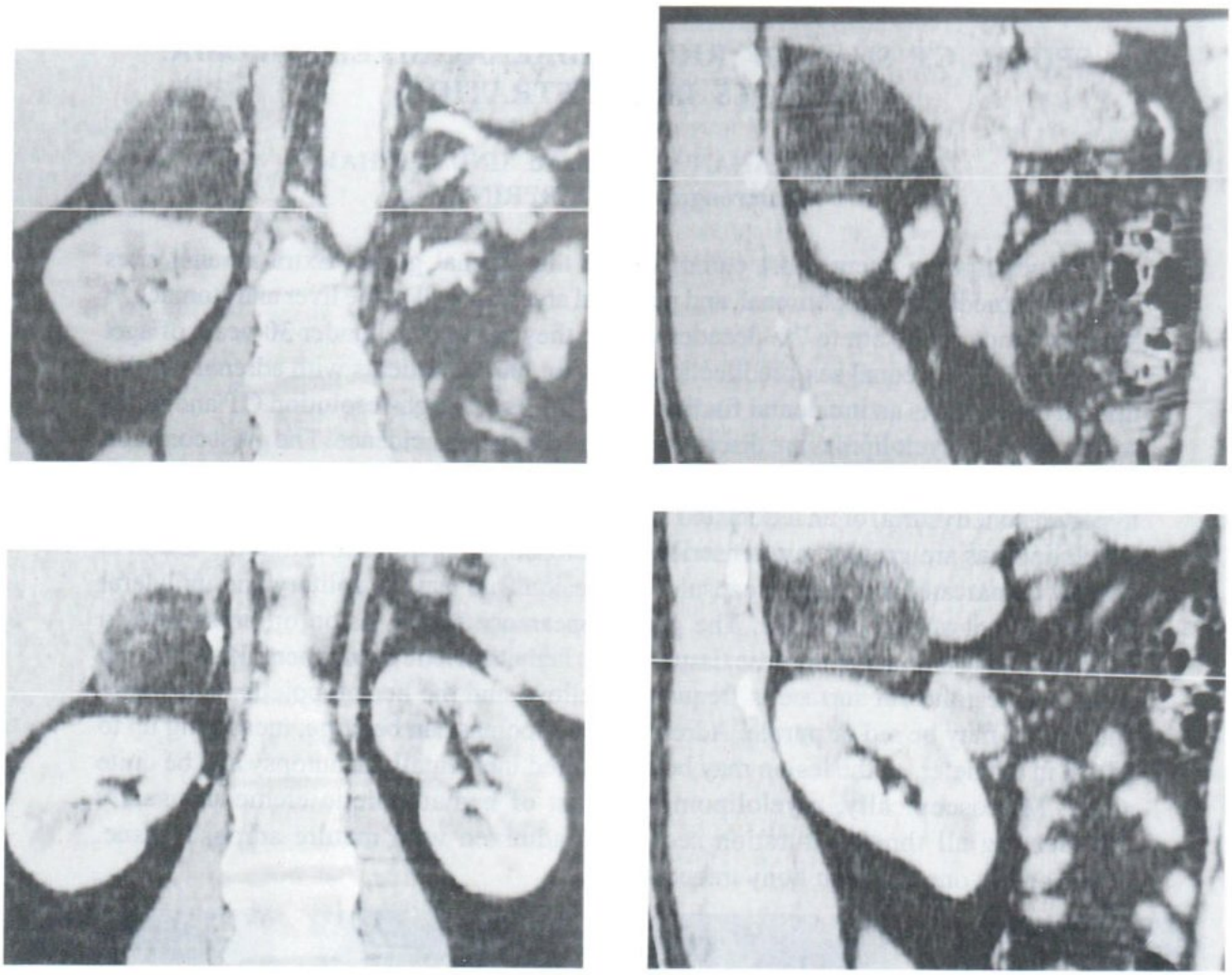

Fig. 2 Coronal and oblique MIP images of the tumor.

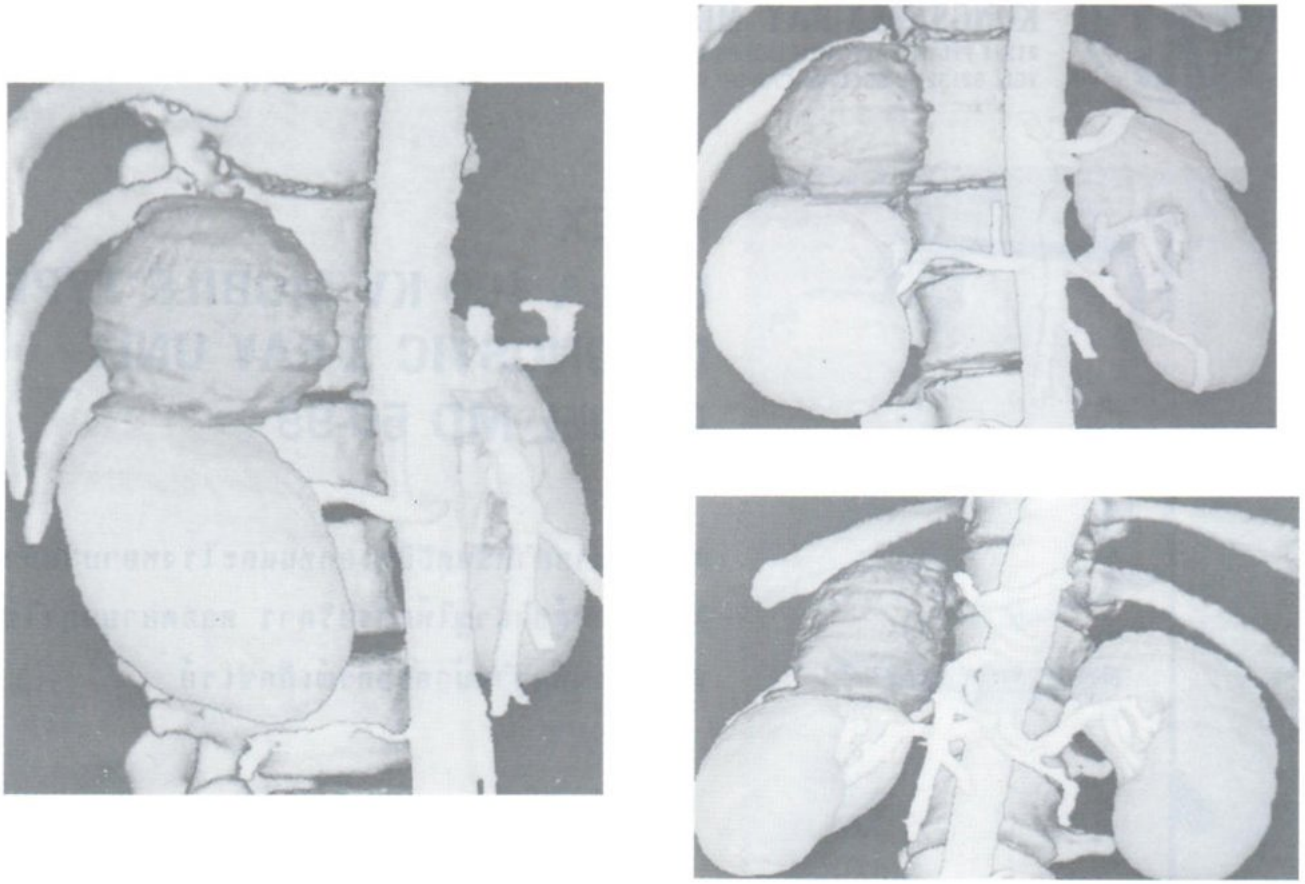

Fig. 3 3D reconstruction of the tumor and the ipsilateral kidney.

REFERENCE

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