A case report of primary adrenal lymphoma

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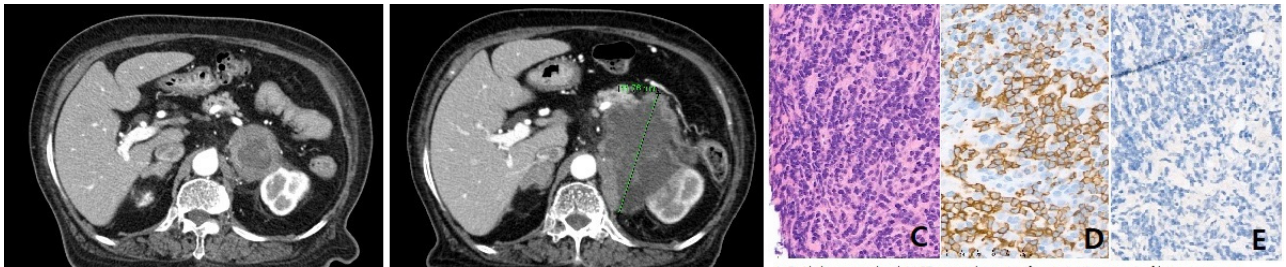
Introduction: Diffuse large B-cell lymphoma (DLBCL) is the most common lymphoma in Korea. However, it is very rare when it first presents as primary adrenal lymphoma.

Case report: An 84-year-old woman, whose underlying diseases are coronary artery disease, hypertension, and diabetes, experienced poor oral intake, general weakness and weight loss of 6 kilograms over 1 month. She got CT scan of abdomen and pelvis due to left flank pain. It revealed heterogeneously enhanced soft tissue masses in both adrenal glands. Right adrenal mass was estimated to be 3.7cm, and left to be 6.8cm. She had normal level of plasma and 24-hour urine normetanephrines and metanephrines and normal level of 24-hour urine catecholamines, vanillylmandelic acid, free normetanephrines and free metanephrines. She also had normal level of 24-hour urine cortisol and 17-ketosteroids and serum dehydroepiandrosterone sulfate (DHEA-s) and in 1mg overnight dexamethasone suppression test, cortisol was checked as 2.7mcg/dL. Serum aldosterone/renin ratio was in normal range and there was no adrenal insufficiency, proved by rapid ACTH test. LDH was 1290IU/L [reference: 135-214]. After 1 month, she got CT scan follow-up and we found out that the masses had increased significantly, the left one being 11.2cm. As we could exclude pheochromocytoma and concluded that the possibility of it being adrenocortical carcinoma was less likely considering fast progression, CT-guided aspiration biopsy of left adrenal mass was done. Pathologists reported it as DLBCL with immunohistochemistry for CD 20 positive and in-situ hybridization of Epstein-Barr virus negative. PET-CT showed increased uptake in bilateral adrenal glands and nodular lesions in the left lung, which were not found in chest CT when the adrenal incidentalomas were first found. We started chemotherapy with rituximab, cyclophosphamide, doxorubicin, vincristine, and prednisolone.

Conclusion: Reportedly, primary adrenal lymphoma often accompanies B symptoms or adrenal insufficiency and usually occurs bilaterally. Primary adrenal lymphoma is rare but we should suspect adrenal lymphoma when bilateral adrenal masses progress rapidly as seen in this case.



A, B. Abdomen and pelvis CT scans show significant size increment of heterogeneous enhancing soft-tissue masses in both adrenal glands. C. H&E staining shows malignant lymphoid cells. D. Immunohistochemistry(ICH) of CD20 is positive. E. In-situ hybridization of Epstein-Barr virus is negative.