CASE REPORTS

RARE CASE OF MULTIFOCAL (ADRENAL AND EXTRA- ADRENAL) MYELOLIPOMA

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Adrenal myelolipoma is an extremely rare lesion, which is composed of adipose and hematopoetic tissue. The above-mentioned lesion was first described by Gierke in 1905, with the term myelolipoma used for the first time by Oberling in 1929.

The Authors of the study presented a case of a 57 year-old female patient diagnosed with a multifocal adrenal and extra-adrenal myelolipoma. Key words: myelolipoma, adrenal gland, falciform ligament

Myelolipoma is an extremely rare lesion located mainly in the adrenal glands. The above-mentioned is composed of adipose and hematopoetic tissue (1, 2, 3). In rare cases one may also observe extraadrenal gland myelolipoma localization (1-5).

The study presented a rare case of a 57 year-old female patient diagnosed with a dual nodular lesion of myelolipoma character, located in the adrenal gland and falciform ligament.

CASE REPORT

G.Z., a 57-year old female patient with a history of persistent atrial fibrillation during the course of complex mitral valvular disease, and secondary tricuspid and aortic valve regurgitation was admitted to the Department of General and Gastroenterological Surgery for the treatment of a right adrenal gland tumor and hepatic lesion, diagnosed by CT. The lesions were incidentally diagnosed: the right adrenal gland was located to a nodular lesion, 45x30 mm in size, while the second lesion was located between the left hepatic lobe and anterior abdominal cavity wall. Additionally, the patient had a history of arterial hypertension, glucose intolerance, obesity, degenerative disease of the spine (L/S segment), and cholelithiasis. The physical examination revealed significant obesity, a pathological tumor located in the middle epigastrium, and a free umbilical hernia.

The patient was qualified for elective laparotomy. The intraoperative examination revealed the presence of an umbilical hernia, the content of which was the greater omentum. Within the falciform ligament near the edge of the liver one could observe a solid, smooth tumor, 10x6 cm in size, with numerous orange-yellow color spots (fig. 1). The right adrenal gland was located to a solid tumor, 4 x 5 cm in size with similar orange-yellow spots (fig. 2). The fundus of the gall-bladder was located to one concrement and one nodular lesion. The remaining organs of the abdominal cavity were without tangible lesions. Right-sided adrenalectomy (fig. 3) and cholecystectomy were performed. The tumor was removed from the falciform ligament (fig. 3). During closure of the abdominal integuments umbilical hernia plasty was also performed.
Rare case of multifocal (adrenal and extra-adrenal) myelolipoma

The postoperative course was uneventful. The patient was discharged from the hospital on the fifth postoperative day in good general condition. The histopathological examination was as follows: right adrenal tumor—myelolipoma, epigastric tumor—myelolipoma, gallbladder—adenomyosis (fig. 4, 5).

DISCUSSION

Adrenal myelolipoma is an extremely rare lesion composed of adipose and hematopoietic tissue (1-5). Gierke in 1906 was the first to describe the lesion, while Oberling in 1929 was the first who used the term myelolipoma (1, 2, 3, 7). The pathogenesis of myelolipoma remains unknown, it is believed that its development is associated with apoptosis disturbances. The incidence of myelolipoma is estimated at 7-15% (3-5, 7-8). The lesion is usually asymptomatic, small in size, incidentally diagnosed, often relating to the right adrenal gland. It is most commonly diagnosed in the 4-7 decades of life. Literature data showed the more frequent coexistence of myelolipoma in patients with arterial hypertension, type 2 diabetes mellitus, and obesity (3-8). Abdominal ultrasound is used in the diagnostics of the above-mentioned, however, abdominal CT and MRI examinations are more effective. In the latter case, thanks to T1 and T2 signal intensity differences, it is possible to differentiate adrenal adenomas and myelo-
lipomas (1, 3, 4, 5). In case of myelolipoma the above-mentioned signal is more intense. In addition, it is possible to perform fine-needle biopsy under ultrasound or CT control.

Due to the clinical and pathological factors 4 types of myelolipoma may be distinguished:
1. Adrenal myelolipoma.
2. Coexistence of adrenal myelolipoma and hematoma.
4. EAML - extraadrenal myelolipoma.

EAML-extraadrenal myelolipoma is mainly located in the pelvis, chest, retroperitoneal space, kidney sinuses, liver, and occasionally the spleen. It is estimated that the above-mentioned lesion is not diagnosed in patients before 40 years of age. In most cases it is asymptomatic, although sometimes the patient might experience sudden abdominal pain associated with the enlargement of the lesion or rupture and abdominal cavity bleeding. Rupture is usually observed when the lesion exceeds 10cm in diameter (3, 4, 6, 7).

The Authors presented a case of an obese patient burdened with many coexisting cardiovascular diseases, in whom the lesion was incidentally diagnosed, being located in the right adrenal gland and hepatic falciform ligament. In available literature data the coexistence of an adrenal myelolipoma and extraadrenal lesion has not been described.

REFERENCES