



A CASE REPORT ON ADRENAL INCIDENTALOMA- ASSESSMENT AND MANAGEMENT

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KEYWORDS :

INTRODUCTION:

Adrenal masses are often discovered incidentally in imaging performed for some other reason unrelated to adrenal pathology. Screening for pheochromocytoma is essential in all cases due to its varied presentation. Careful preoperative assessment and perioperative management is vital to avoid morbidity. Here we are reporting a case of adrenal incidentaloma posted for laparoscopic adrenalectomy. The case was challenging to the anaesthesiologist in view of the fluctuating hemodynamic status intraoperatively and postoperatively.

Case Report:

28 year old male, presented with complaints of pain over the right loin. On examination blood pressure was 160/110mmHg. Ultrasound revealed a right renal calculi and CT scan reported a left suprarenal mass, possibly pheochromocytoma. Preoperative optimization was done with prazosin 5mg once daily for one week and confirmed with Roizen's criteria. General endotracheal anaesthesia was administered and maintained with oxygen, air, isoflurane and dexmedetomidine infusion. Laparoscopy was abandoned and converted to open surgery due to tumour adherence. Intraoperative hypertension was managed with Injection Nitroglycerin (10-20mcg/min) and Sodium nitropusside (1.5-3mcg/kg/min). Postoperatively after extubation patient had hypotension and managed with noradrenaline infusion and close postoperative monitoring carried out.

Time	H.R bpm	B.P mmHg	CVP	U/O	CBG mg/dl	Intraoperative events
Baseline	86	142/94		-	134	Inj. Dexem 50mcg over 20 min Radial artery cannulated
At induction	70	126/78		50		Dexem infusion continued at 0.5 mcg/kg/hr CVC inserted, connected to monitor
After intubation	96	161/104				CVP: 7 mmHg Pneumoperitoneum created NTG @ 5mcg/min started
15 min	94	158/89	11			
30 min	78	130/90	12	100		
45 min	72	156/94	12	100		Inj. Fentanyl 50mcg bolus
60 min	96	127/88	12	150	189	
75 min	92	118/76	11			
90 min	89	154/89	9	200		Lap abandoned Epidural topop given
120 min	58	197/115	8		170	Inj Sodium nitroprusside @ 2 mcg/kg/min Inj Fentanyl 50 mcg bolus
2 hr 15 min	88	145/88	9	300		
2 hr 30 min	84	139/82	9			
2 hr 45 min	112	192/118	8	300		
3 hr	80	158/90	8		210	
3 hr 30 min	76	126/82	8	350		Adrenal vein ligated, Dexem stopped NTG and Nitroprusside tapered and stopped
4 hr	90	110/70	8	350		
End of surgery	88	100/64	6	400		
After extubation	78	88/56	6		143	Inj Noradrenaline started @ 0.05mcg/kg/min

CONCLUSION:

The anaesthetic consideration during an adrenal surgery needs a multidisciplinary approach. It presents unique challenges to the Anaesthesiologist requiring detailed preoperative assessment, careful hemodynamic control and an overall adept anaesthetic strategy.

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