

Untypical coexistence of autosomal dominant polycystic kidney disease and adrenal incidentaloma

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A 67-year-old woman was admitted to the Department of Clinical Endocrinology, Medical University of Lodz, Łódź, Poland, due to an incidentally discovered left adrenal tumor. She suffered from autosomal dominant polycystic kidney disease for several years, which was accompanied by multifocal cysts in the liver. Autosomal dominant polycystic kidney disease is quite rare (about 1 case per 1000 persons) and is associated with multifocal cysts located in the liver, spleen, pancreas, and ovaries as well as with hematuria, proteinuria, and sometimes intracranial aneurysms.¹

Our patient had slightly elevated creatinine level (108 $\mu\text{mol/l}$; reference range, 58–96), hematuria (20 erythrocytes per μl), and proteinuria (25 mg/dl). No history of intracranial aneurysm was reported.

Adrenal incidentalomas, usually benign and nonfunctioning adenomas, are found in about 1% of young patients, 3% to 5% of middle-aged patients, and up to 15% of those aged 70 years and older.² The hormonal tests revealed normal renin (25.1 pg/ml; reference range, 3.5–65.6) and aldosterone concentrations (31.8 ng/dl; reference range, 4–31). Results of dexamethasone suppression test (cortisol, 1.96 $\mu\text{g/dl}$) and urine excretion of catecholamine metabolites were also normal, which excluded a hyperfunctioning adrenal tumor. The patient remains under the care of the Nephrology and Endocrinology Outpatient Clinic. The abdominal frontal computed tomography is presented in the **FIGURE**.

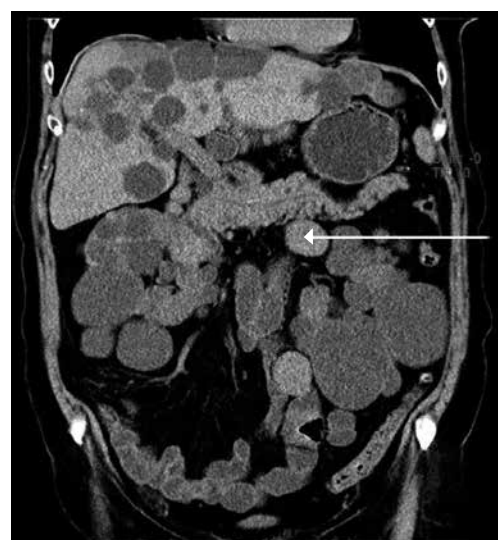


FIGURE Multiple cysts in all segments of the liver; right kidney: 102 × 194 × 142 mm; left kidney: 125 × 151 × 182 mm; both polycystic; the greatest cyst in the lower part of the right kidney: 95 × 81 × 97 mm; the pancreas and spleen without evident pathology; the right adrenal gland normal, a visible adrenal tumor on the left (indicated by an arrow; 22 × 11 × 16 mm) with the density of 5–10 HU, suggesting a benign adenoma

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Received: March 22, 2013.
Revision accepted: March 27, 2013.
Conflict of interest: none declared.
Pol Arch Med Wewn. 2013;
123 (4): 193
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