6KH ZDV WUDSSHG LQ D PDQ¶V ERG\ $ FDVH RI 9LULOL]LQJ

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Background: Adrenocortical carcinoma is a rare malignancy with an annual incidence of 1-2 per million population. Adrenal tumors exclusively secreting androgens are extraordinarily rare most commonly presenting with hirsutism, acne, and clitoromegaly.

Case: A 33 year old female came at the IM-OPD due to amenorrhea for 1 year, accompanied by receeding hairline, mustache hirsutism more on the hypogastric area and lower extremities, right-sided abdominal pain and deepening of voice, hence, consulted. Prior to onset of symptoms, she was admitted for UTI where KUB ultrasound was requested however, was not done She was discharged with advice to consult at the OPD, however, was lost to follow up. Upon this consultation, she brough the result with an impression of adrenal mass. Whole Abdominal CT scan was requested and revealed right adrenal mass 5.6x6.5cm, with downward displacement of the ipsilateral kidney. DHEA-S and TESTOSTERONE were done with elevated results. She was referred to Urosurgery for surgical intervention. She underwent laparoscopic adrenelectomy, right, with nding of right adrenal mass, 8.0x7.0x5.0cm, 80 grams, well circumscribed. On follow up, repeat DHEA-S and TESTOSTERONE were normal. Biopsy showed adrenocortical carcinoma with extracapsular invasion. ree months post-operation, the patient followed up with amenorrhea. She was referred to OB con rming her pregnancy. She has no regular prenatal check-up and is expected to deliver a baby boy on July 17, 2018.

Discussion And Conclusion: Majority of adrenal tumors are metastatic, hence, identi cation of the origin is important in the