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## Introduction

Adrenocortical carcinoma (ACC) is seen in 3–10% of the population, with the majority of tumors appearing as benign tumours. e majority of ACC instances are caused by a random accumulation of mutations over time. However, research suggests that a propensity to a variety of genetic alterations may play a role. Several molecular alterations, including inactivation of tumor suppressor genes and activation of a variety of di erent oncogenes, DNA mutations, and epigenetic modi cations, have been linked to the development of ACC in recent decades. Because of excellent clinical results, the European Network of Study of Adrenal Tumors (ENSAT) has become the most extensively used staging system for ACC. A complete history, with special emphasis to the history of symptoms of hormonal excess and family history of suspected genetic e ect, is taken at the time of presentation. It is followed by a complete physical examination to determine whether or not you have ACC.

ACC management is unusual in that it encompasses both oncologic

features of adrenocortical carcinoma, prognostic factors, and the effect of