FEMINIZING ADRENOCORTICAL TUMOR IN A PREMENOPAUSAL WOMAN: AN EXCEPTIONAL CASE REVEALED BY MENORRAGIA

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Introduction

Feminizing adrenocortical tumor (FAT) is a very rare entity with a dire prognosis. Reported cases have been described in children and in men. Female cases are nearly unknown, especially in the reproductive age, which explains the late diagnosis as in the following case:

Observation

A woman aged 41, with diabetes mellitus, hypertension, and 3 years treatment for menorragia, was sent for a 10cm adrenal mass discovered after abdomen pain. **Clinical examination** noted: weight loss, palpable stony and painful mass, discreet hirsutism.

Hormonal assessment: mixed secretion where estrogens were prevailing (table1).

RX: enlarged uterus with many myomatous lesions (not shown), a large adrenal tumor with veina cava thrombosis (Fig1A).

Surgery: tumor and thrombus total resection.

Pathological examination: malignant tumor with high Weiss score (>8%) and positivity to Ki67 Mbi >50% fig1E.

Hormones	Patient's values	Normal values
Cortisol nmol/L	**672.98→676 (Dexamethazone)**	154-638
Testosterone nmol/L	**32.6**	0.24-2.5
Estradiol pmol/L	**5061.59**	209-833
DHEA S µg/dl	**1002**	30-333
17OHP nmol/L	**13.9**	0.45-3.3

Table 1: hormonal mixed secretion

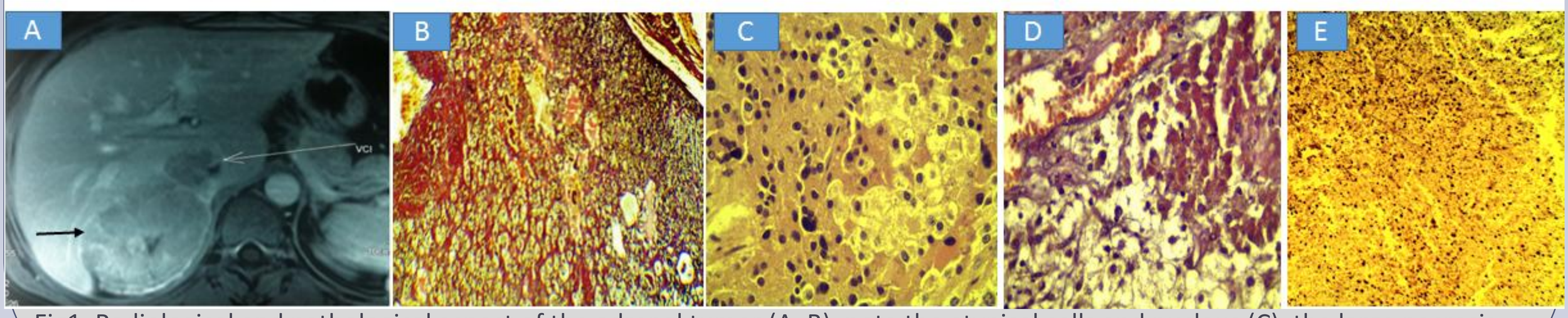

Fig1. Radiological and pathological aspect of the adrenal tumor (A, B), note the atypical cells and nucleus (C), the large necrosis (D) and Ki67 Mbi positivity (E).

Discussion

Fat are very rare: 1-2% of all adrenal tumors. They are exceptionnal in women in whom diagnosis is very late, except if metastases are already present. However systemic hypertension, hepatomegaly and pedal edema should attract the attention in a patient suffering from genital bleeding.

Estrogens assessement should be systematic in any woman with a genital hemorrage, even if many fibroma are present. Fat and an ovary secreting tumors should be eliminated first, because of their poor prognosis. Then, the uterus cause will be considered. For treatment, surgery is the first option and veina cava trombosis is not a contre-indication. Then after, Op'DDD or anti aromatase products can be added even in confimed malignant cases, although mediane survival is about 29 months .

Conclusion

Feminizing adrenal tumor although very rare should be known by all practicians. Estradiol assessment should be systematic in women complaigning from genital bleeding even if a womb cause is evident, as the latters may be secondary to an adrenal tumor secreting estrogens as in the described cause.