

Clinical-Medical Image

Cutaneous Metastasis Revealing Adrenocortical Carcinoma: A Case Report

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Figure 1: Axial enhanced computer tomography scan demonstrating the heterogeneously enhancing lesion in the left adrenal gland (associated with a voluminous solid mass of linea Alba of abdomen with lobulated contour (blue arrow).

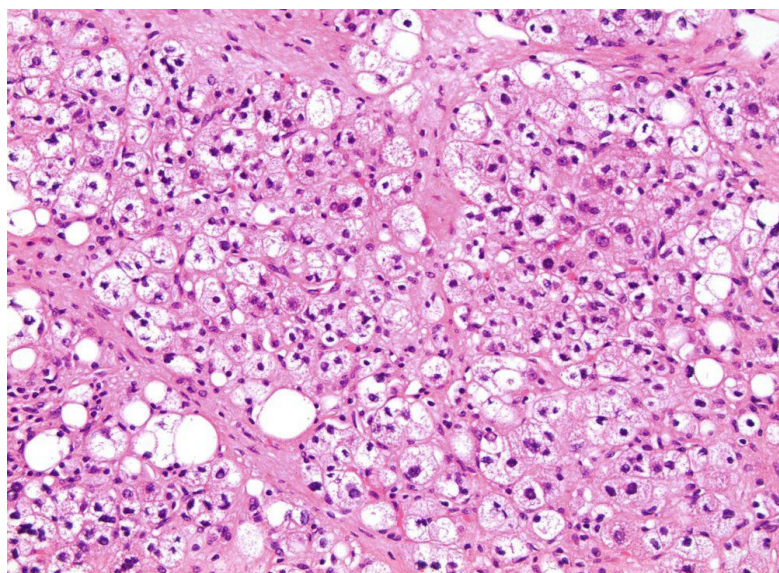


Figure 2: Histopathological image of core biopsy specimen from the subcutaneous abdominal wall masses demonstrating clear cell nests and diffusely infiltrating sheets with intervening sclerosed stroma showing clear to eosinophilic cytoplasm.

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We report the case of 50 year a -old female consulted for a cutaneous lesion in abdominal wall, whose exploration had shown the existence of a large adrenal lesion. Axial enhanced computer tomography scan images (Figure 1) demonstrating the heterogeneously enhancing lesion in the left adrenal gland with areas of necrosis associated with a voluminous mass solid mass of linea alba of abdomen. Histologic comparison proved that the cutaneous lesion was a metastase from an adrenocortical carcinoma (Figure 2).

Adrenocortical carcinomas are very aggressive lesions and in some cases may be functional and present with Cushing syndrome and/or virilization. In most cases, ACC is non-functional and presents as an abdominal mass or an incidental finding [1]. Size >4 cm, rapid growth, heterogeneous shape, irregular borders, central necrosis, hemorrhage, calcification, invasion into neighboring structures and venous extension are imaging findings indicative of adrenal cancer. 70% of all ACC are generally >6 cm and can reach a maximum size of 25 cm. Systemic or local metastasis is possible. The pancreas, spleen, liver, gut, retroperitoneum, venous extension to the inferior vena cava and lymphatic dissemination through regional and para-aortic lymph nodes are typical sites of local metastasis. Systemic metastases occur most frequently in the lung (40%-80%), liver (40%-90%), bone (5%-20%), Inferior vena cava (9%-19%) and brain and skin (<5%) [2]. Despite a high frequency of metastases, there are only isolated reports of ACC that have metastasized to the skin. On unenhanced CT, the ACC appears large, poorly defined, heterogenous, with HU >10 and areas of calcification and necrosis. In contrast-enhanced CT scans, the tumor appears heterogeneously enhanced with significant peripheral enhancement because of the core necrosis (3). CECT is the only reliable method for staging and identifying metastatic sites [3]. The nine parameters of the histopathological analysis used to determine prognosis and distinguish benign from malignant adrenal cortical tumors by the Weiss score include nuclear grading, mitotic rate of >5/50 HPFs, abnormal mitoses, 25% clear cells, >1/3 diffuse architecture, necrosis, venous invasion, sinusoidal invasion and capsular invasion [4].

Keywords: Adrenocortical carcinoma; Cutaneous metastasis; CT scan

Conflict of Interest

None of the authors has any conflicts of interests to disclose.

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