A case of congenital adrenal mass
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Objective
We aim to report an unusual case of congenital adrenal mass detected in utero, highlighting its differential diagnosis.

Methods
Case report, including gestational and postnatal examination findings, along with a brief review of the literature.

Results
36-year-old woman, G3P2A1, was referred to our service of fetal medicine at 22 weeks of gestation due to an abnormal finding on fetal ultrasound (US) showing a multicystic right kidney. She had no first trimester screening tests. In-hospital US accused 3 coalescent anechoic cysts in the upper pole of the right kidney, separated by thin septa and measuring 1.9 cm x 1.2 cm x 1.1 cm. Left kidney was normal. Magnetic resonance imaging (MRI) allowed identification of a lobulated and multiseptated cystic lesion in the right adrenal gland, measuring 4.8 cm x 4.5 cm x 3.6 cm, causing compression over the right kidney. This finding was suggestive of congenital cystic neuroblastoma. The pregnancy was uneventful. Fetal echocardiography was normal. Cesarean section was performed at 39 weeks and 5 days of gestation. The newborn weighed 3345g and presented Apgar scores of 9 in the first minute and 10 in the fifth minute. Abdominal US performed 2 days after birth demonstrated a large, expansive and multiseptated liquid lesion adjacent to the upper pole of the right kidney, measuring 5.5 cm x 4.6 cm x 3.7 cm. Doppler US confirmed no vascularization. Patient was referred to the Oncology department, where it was later submitted to surgery for removal of the right adrenal gland. Pathological analysis was compatible with adrenal hematoma.

Conclusion
The differential diagnosis of fetal adrenal mass comprises conditions such as neuroblastoma and adrenal hemorrhage, as observed in this case. Nevertheless, management of these patients varies substantially among these diseases, and the implications on the prognosis cannot be ignored. Therefore, the pre-natal diagnosis of an adrenal mass can lead to a big dilemma. Adrenal hemorrhage is a common finding in newborns when associated to birth trauma. Its prenatal description, however, is rare.