



TERMINOLOGY AND CLASSIFICATION OF ADRENAL INCIDENTALOMAS.

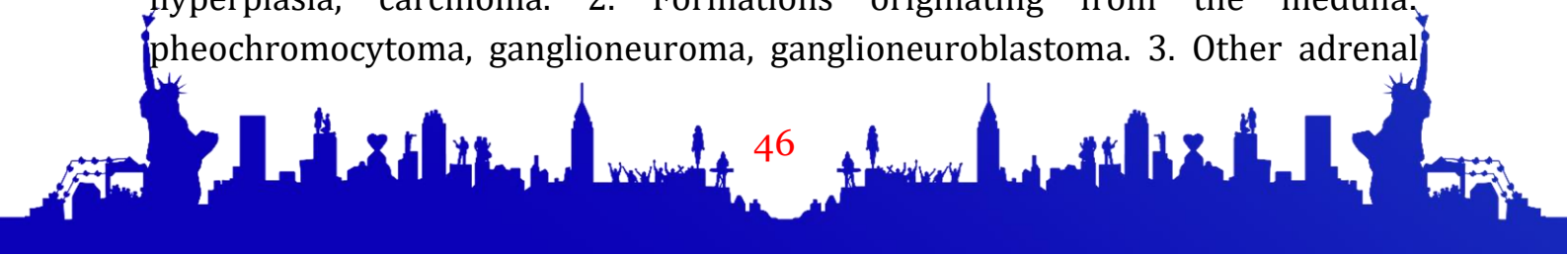
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<https://doi.org/10.5281/zenodo.14184352>

The term adrenal incidentaloma, literally meaning "adrenal tumor discovered by chance" (incidentally discovered adrenal mass) first appeared in the early 80s. It was from this time that a constant increase in the number of "accidentally" detected adrenal tumors was noted, which is associated with the widespread introduction of non-invasive methods of topical diagnostics (ultrasound, CT, MRI) into clinical practice. In medical literature, one can also find several other names for these neoplasms: clinically silent adrenal masses, "asymptomatic", "non-functioning", "hormonally inactive", etc. At the same time, in works that use these terms, the same researchers identify clinical symptoms of adrenal hyperfunction and changes in the hormonal profile in a significant proportion of patients. According to most authors, the term incidentaloma is the most accurate, since it indicates, first of all, the "accidental" nature of the detection of a neoplasm in the adrenal region.

There are also different opinions regarding the criteria for including the detected neoplasms in the IN group. Most researchers classify incidentalomas as accidentally detected space-occupying adrenal formations detected during radiological studies undertaken for other diseases of the abdominal cavity and retroperitoneal space or during a routine dispensary examination. Some also include those neoplasms that are diagnosed in patients with arterial hypertension during a targeted examination of the adrenal glands [3], as well as as a result of searching for oncological pathology [1]. The literature offers various options for generalizing and systematizing adrenal incidentalomas. In reality, these are neoplasms of heterogeneous etiology originating not only from all zones of the cortex and medulla of the adrenal glands, but also from elements of the mesenchyme and neuroectoderm, metastatic tumors, and pseudo-adrenal lesions. The classification of incidentalomas proposed by American researchers M. Gross and B. Shapiro (1993) is considered generally accepted [4].

1. Formations originating from the adrenal cortex: adenoma, nodular hyperplasia, carcinoma. 2. Formations originating from the medulla: pheochromocytoma, ganglioneuroma, ganglioneuroblastoma. 3. Other adrenal





lesions: myelolipoma, neurofibroma, hamartoma, teratoma, xanthomatosis, amyloidosis, cyst, hematoma, granuloma, leiomyoma, leiomyosarcoma. 4. Metastases: breast cancer, lung cancer, kidney cancer, lymphoma, etc. 5. Pseudoadrenergic lesions: formations originating from the kidneys, pancreas, spleen, lymph nodes, vessels. 6. Technical artifacts. Adrenal incidentaloma is not a clinical diagnosis, but an initial diagnosis based on the results of using radiographic imaging methods and requiring further detailing. About a third of adrenal incidentalomas (32.6%) have some degree of hormonal activity, and every sixth (16.7%) is malignant.

The sensitivity of imaging methods in detecting IN was 93.8% for ultrasound, 99.6% for CT, and 100% for MRI. Specificity in diagnosing adrenocortical carcinomas was 87.1%, metastatic adrenal tumors - 85.7%, and pheochromocytomas - 61.1%. Ultrasound was more specific than CT in diagnosing adrenal cysts. The information content of percutaneous puncture biopsy in verifying IN was 43.7%.

List of used literature:

1. Молашенко Н.В. Дифференциальная диагностика инциденталом надпочечников // Н.В. Молашенко, Н.М. Платонова, Д.Г. Бельцевич и др. // Ожирение и метаболизм. - 2016. - Т. 13. - №. 4-С.39-44.
2. Пиньчук С.В. Вопросы клиники, диагностики и лечения первично-множественных и метастатических поражений легких / С.В. Пиньчук, М.А. Сеньчукова, А.В. Литвинов // Поволжский онкологический вестник. - 2016. -№. 4 (26). -С.32-38.
3. Саблин И.В. Соматоформная дисфункция вегетативной нервной системы у больных со случайно выявленными новообразованиями надпочечников / И.В. Саблин, Л.М. Краснов, Е.А. Фёдоров и др.// Вестник Северо-Западного государственного медицинского университета им. И.И. Мечникова. - 2018. -Т. 10. - №. 3.-С.45-52.
4. Токпанов С.И. Эндовидеохирургия новообразований надпочечников // С.И. Токпанов, А.А. Ахетов, В.И. Котловский и др. // Медицина и экология. -2017. - №. 1 (82)-С.103-112.

