Adrenal Cortical Carcinoma
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History
8 year old male with accelerated growth and virilization.

Diagnosis
Adrenal Cortical Carcinoma

Discussion
Pediatric adrenocortical neoplasms affect young girls more commonly than boys and are associated with hemihypertrophy and Beckwith-Wiedemann and Li-Fraumeni syndromes. Children less than 5 years of age usually present with virilization; children older than 5 years of age frequently secrete cortisol and adrenal androgens and rarely aldosterone, testosterone or estrogen. Most children with an adrenocortical neoplasm present with virilization or Cushing syndrome. Cross-sectional imaging studies typically demonstrate a large, circumscribed, predominantly solid suprarenal mass with variable heterogeneity due to hemorrhage and necrosis.Calcification is not uncommon. Local invasion into the kidney, retroperitoneum, diaphragm and inferior vena cava is present in about 20% of patients at the time of diagnosis. Hepatic, pulmonary, regional lymph node and osseous metastasis are common at diagnosis. When tumor thrombus extends into the inferior vena cava, it poses a high risk of pulmonary embolization.

Findings
CT-Heterogeneous right adrenal mass with peritoneal fluid and tumor thrombus extending into the right atrium.

Reference
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