

## Improving exploration and surgical management of adrenal tumours

Poster Session 24

Saturday, 25 March  
16:00 - 17:30

**Location:** Room Vienna, North Hall (Level 1)

**Chairs:** C.K. Bensalah, Rennes (FR)  
P. Fornara, Halle (Saale) (DE)  
G. Guazzoni, Milan (IT)

**Aims and objectives of this session**

Tumours of the adrenal gland are a heterogeneous group of lesions that arise from either the adrenal cortex or the medulla. These tumours are extremely rare and exhibit an average annual age-adjusted incidence of 0.29 cases per 100,000 individuals. They include several subtypes of lesions that can be either malignant or benign. Some of these tumours are functional and produce hormonal and metabolic syndromes that can lead to their discovery. Other adrenal tumours (up to 50% of tumours, depending on the histologic subtype) are silent and are only discovered when they attain a large size and produce localised abdominal symptoms or metastases. However, the discovery of adrenal incidentalomas is becoming increasingly frequent due to the widespread use of abdominal ultrasonography, computed tomography and magnetic resonance imaging.

Most of these tumours are sporadic, and their aetiology remains unknown. However, several syndromes have been associated with an increased risk of adrenal tumours, and the underlying molecular defects of these syndromes have advanced our understanding of the molecular pathways involved in the tumourigenesis of adrenal tumours. The aim of this session is to focus on the most recent studies examining differences in the incidence, prognosis, work-up, and modern surgical management of different subtypes of adrenal tumours.

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (\*) are 3 minutes in length, followed by 3 minutes for discussion.

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**Adrenal vein sampling vs. CT scan to determine treatment in primary aldosteronism: An outcome-based randomised diagnostic trial**

**By:** Dekkers T.<sup>2</sup>, Prejbisz A.<sup>3</sup>, Schultze Kool L.J.<sup>4</sup>, Groenewoud J.M.M.<sup>5</sup>, Velema M.<sup>2</sup>, Spiering W.<sup>6</sup>, Koł odziejczyk-Kruk S.<sup>3</sup>, Arntz M.<sup>4</sup>, Kł dziela J.<sup>11</sup>, [Langenhuijsen J.F.](#)<sup>1</sup>, Kerstens M.N.<sup>7</sup>, Van Den Meiracker A.H.<sup>8</sup>, Van Den Born B.J.<sup>9</sup>, Sweep F.C.G.J.<sup>10</sup>, Hermus A.R.M.M.<sup>2</sup>, Januszewicz A.<sup>3</sup>, Ligthart-Naber A.F.<sup>2</sup>, Makai P.<sup>5</sup>, Van Der Wilt G.-J.<sup>5</sup>, Lenders J.W.M.<sup>2</sup>, Deinum J.<sup>2</sup>

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**Longitudinal evaluation of health related quality of life following laparoscopic adrenalectomy: Impact of adrenalectomy on cortisol-producing adenoma**

**By:** Inoue S., Kurimura Y., Fukuoka K., Ueno T., Kitano H., Goto K., Shinmei S., Hieda K., Hayashi T., Teishima J., Matsubara A.

**Institutes:**Hiroshima University, Dept. of Urology, Hiroshima, Japan

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**Programmed death-ligand 1 expression in pheochromocytoma**

**By:** Yasuhiro H., Tanaka T., Imai A., Hatakeyama S., Yoneyama T., Koie T., Ohyama C.

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**Visualization of aldosterone-related steroids on adrenal frozen sections**

**By:** Nishimoto K.<sup>1</sup>, Higashi T.<sup>2</sup>, Nishikawa T.<sup>3</sup>, Seki T.<sup>4</sup>, Oyama M.<sup>1</sup>, Kosaka T.<sup>6</sup>, Oya M.<sup>6</sup>, Suematsu M.<sup>5</sup>, Sugiura Y.<sup>5</sup>

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**Ten minutes rapid measurement of aldosterone and active renin concentration may change the diagnosis and treatment of primary aldosteronism**

**By:** Satoh E.<sup>1</sup>, Morimoto R.<sup>2</sup>, Ono Y.<sup>2</sup>, Tezuka Y.<sup>4</sup>, Omata K.<sup>4</sup>, Nezu M.<sup>2</sup>, Iwakura Y.<sup>2</sup>, Igarashi Y.<sup>2</sup>, Kudo M.<sup>2</sup>, Arai Y.<sup>3</sup>, Ito S.<sup>2</sup>

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**Prognosis of patients with malignant adrenal pheochromocytomas: A conditional probability analysis**

**By:** Wenjun X., Zhu Y., Ye D.

**Institutes:**Fudan University Shanghai Cancer Center, Dept. of Urology, Shanghai, China

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**Partial laparoscopic adrenalectomy as a method of surgical management of adrenal tumors**

**By:** Knežević N.<sup>1</sup>, Milas I.<sup>1</sup>, Kulić T.<sup>1</sup>, Penezić L.<sup>1</sup>, El Saleh A.<sup>1</sup>, Bađak Kocman I.<sup>2</sup>, Kačelan Z.<sup>2</sup>

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**Predictive factors of hypertension persistence after adrenalectomy in Conn adenoma**

**By:** Prudhomme T.<sup>1</sup>, Becquart N.<sup>2</sup>, Cordonnier C.<sup>2</sup>, Duly Bouhanick B.<sup>3</sup>, Bennet A.<sup>4</sup>, Thoulouzan M.<sup>1</sup>, Soulié M.<sup>1</sup>, Saint F.<sup>2</sup>, Huyghe E.<sup>1</sup>

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**Comparative study of laparoscopic (216 cases) and robotic (40 cases) posterior retroperitoneal anatomical adrenalectomy**

**By:** Wang G-X., Fu B., Liu W., Zhang C., Zhou X.

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**Outcomes of adrenalectomy for adrenal metastasis of renal cell carcinoma in the era of adrenal-sparing radical nephrectomy: A multicenter study**

**By:** Peyronnet B.<sup>1</sup>, Schoentgen N.<sup>2</sup>, Betari R.<sup>3</sup>, Gryn A.<sup>4</sup>, Goujon A.<sup>1</sup>, Grevez T.<sup>5</sup>, Oumakhlouf S.<sup>6</sup>, Thoulouzan M.<sup>4</sup>, Brichtart N.<sup>7</sup>, Pradere B.<sup>5</sup>, Beauval J-B.<sup>4</sup>, Rammal A.<sup>8</sup>, Soulie M.<sup>9</sup>, Fournier G.<sup>2</sup>, Bruyere F.<sup>5</sup>, Grise P.<sup>6</sup>, Joulin V.<sup>2</sup>, Nouhaud F-X.<sup>6</sup>, Manunta A.<sup>1</sup>, Huyghe E.<sup>4</sup>, Bensalah K.<sup>1</sup>

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17:13 - 17:20

**Summary**

To be confirmed