

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.

*317

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

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

Institutes:¹University Medical Center Nijmegen, Dept. of Urology, Nijmegen, The Netherlands, ²University Medical Center Nijmegen, Dept. of Internal Medicine, Nijmegen, The Netherlands, ³Institute of Cardiology, Dept. of Hypertension, Warsaw, Poland, ⁴University Medical Center Nijmegen, Dept. of Radiology, Nijmegen, The Netherlands, ⁵University Medical Center Nijmegen, Dept. of Health Evidence, Nijmegen, The Netherlands, ⁶University Medical Center Utrecht, Dept. of Vascular Medicine, Utrecht, The Netherlands, ⁷University Medical Center Groningen, Dept. of Endocrinology, Groningen, The Netherlands, ⁸Erasmus Medical Center, Dept. of Internal Medicine, Rotterdam, The Netherlands, ⁹Academic Medical Center, Dept. of Internal and Vascular Medicine, Amsterdam, The Netherlands, ¹⁰University Medical Center Nijmegen, Dept. of Laboratory Medicine, Nijmegen, The Netherlands, ¹¹Institute of Cardiology, Dept. of Interventional Cardiology and Angiology, Warsaw, Poland

318

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

320

Programmed death-ligand 1 expression in pheochromocytoma

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

Institutes:Hirosaki University Graduate School of Medicine, Dept. of Urology, Hirosaki, Japan

321

Visualization of aldosterone-related steroids on adrenal frozen sections

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

Institutes:¹Saitama Medical University International Medical Center, Dept. of Uro-Oncology, Hidaka, Japan, ²Tokyo University of Science, Dept. of Faculty of Pharmaceutical Sciences, Noda, Japan, ³Yokohama Rosai Hospital, Endocrinology & Diabetes Center, Yokohama, Japan, ⁴California University of Science and Medicine, School of Medicine, Dept. of Medical Education, Colton, United States of America, ⁵Keio University School of Medicine, Dept. of Biochemistry, Shinjuku, Japan, ⁶ Keio University School of Medicine, Dept. of Urology, Shinjuku, Japan

322

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

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

Institutes:¹Tohoku University Graduate School Of Medicine, Division Of Clinical Hypertension, Endocrinology & Metabolism, Sendai, Japan, ²Tohoku University Hospital, Division of Nephrology, Endocrinology and Vascular Medicine, Sendai, Japan, ³Tohoku University Hospital, Dept. of Urology, Sendai, Japan, ⁴Tohoku University Graduate School of Medicine, Division of Clinical Hypertension, Endocrinology & Metabolism, Sendai, Japan

323

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

*324

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

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

Institutes:¹University Hospital Zagreb, Dept. of Urology, Zagreb, Croatia, ²University Hospital Zagreb, Dept. of Anesthesiology, Zagreb, Croatia

325

Predictive factors of hypertension persistence after adrenalectomy in Conn adenoma

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

Institutes:¹CHU Ranguel, Dept. of Urology, Toulouse, France, ²CHU D'Amiens, Dept. of Urology, Amiens, France, ³CHU Ranguel, Dept. of Arterial Hypertension, Toulouse, France, ⁴CHU Larrey, Dept. of Endocrinology, Toulouse, France

326

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.

Institutes:The First Affiliated Hospital of Nanchang University, Dept. of Urology, Nanchang, China

*327

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

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

Institutes:¹CHU Rennes, Dept. of Urology, Rennes, France, ²CHU Brest, Dept. of Urology, Brest, France, ³CHU Amiens, Dept. of Urology, Amiens, France, ⁴CHU Toulouse, Dept. of Urology, Toulouse, France, ⁵CHU Tours, Dept. of Urology, Tours, France, ⁶CHU Rouen, Dept. of Urology, Rouen, France, ⁷CHU Orleans, Dept. of Urology, Orleans, France, ⁸CH Orleans, Dept. of Urology, Orleans, France, ⁹CH Toulouse, Dept. of Urology, Toulouse, France

17:13 - 17:20

Summary

To be confirmed