INTRODUCTION

Myelolipoma is a rare benign tumor, which is characterized by mature adipose tissue and haematopoietic cells. Although it is most commonly found in the adrenal gland, extraadrenal myelolipomas have been found in various sites. We described a case of adrenal myelolipoma in a 72-year-old man with nodular hyperplasia of the prostate gland. During the preoperative examination ultrasound and CT-scanning showed a 9x8x8 cm mass in the right adrenal gland. Fine needle aspiration (FNA) under CT-guidance was obtained and cytological examination gave the diagnosis of myelolipoma. FNA has become a diagnostic method accepted worldwide and is reliable and simple for the diagnosis of myelolipoma.

KEY WORDS: Adrenal glands; Myelolipoma; Biopsy, Needle; Cytodiagnosis

Adrenal myelolipoma diagnosed by fine needle aspiration biopsy

Myelolipoma is a rare benign tumor composed of mature adipose tissue and haematopoietic cells. Although it is most commonly found in the adrenal gland, extraadrenal myelolipomas have been found in various sites. We described a case of adrenal myelolipoma in a 72-year-old man with nodular hyperplasia of the prostate gland. During the preoperative examination ultrasound and CT-scanning showed a 9x8x8 cm mass in the right adrenal gland. Fine needle aspiration (FNA) under CT-guidance was obtained and cytological examination gave the diagnosis of myelolipoma. FNA has become a diagnostic method accepted worldwide and is reliable and simple for the diagnosis of myelolipoma.

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DISCUSSION

Myelolipoma is an uncommon benign tumor with a frequency of 0.08 to 0.4 per cent. The tumor was first described by Gierhe in 1905 and named by Oberling in 1929 (1,2). The age range at presentation is usually between 41 and 81 years (mean, 61) with a female/male ratio of 2:1. It is usually solitary. Most of them are asymptomatic and therefore discovered incidentally, either at autopsy or through CT scanning done for other reasons. Only occasionally will the lesions attain a size large enough to become clinically apparent, with symptoms resulting from compression of adjacent organs. The tumor is hormonally inactive but an occasional association with endocrine and hormonal disturbances has been reported in patients with long-term steroid use or Cushing’s syndrome. Foci of myelolipomatous change have been observed in cortical adenomas, hyperplasias and normal glands. Despite the fact that the most common site is in adrenal gland extra-

drenal myelolipomas have been reported. The most common extraadrenal site is in the presacral region; other sites include mediastinum, liver, stomach, lungs, spleen, retroperitoneum and mesentery.

Pathologically, the tumor originates in the adrenal cortex, is well circumscribed and therefore discovered incidentally, either at autopsy or through CT scanning done for other reasons. Only occasionally will the lesions attain a size large enough to become clinically apparent, with symptoms resulting from compression of adjacent organs. The tumor is hormonally inactive but an occasional association with endocrine and hormonal disturbances has been reported in patients with long-term steroid use or Cushing’s syndrome. Foci of myelolipomatous change have been observed in cortical adenomas, hyperplasias and normal glands. Despite the fact that the most common site is in adrenal gland extra-

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haematopoiesis (EMH) which is commonly associated with anemia, myeloproliferative disorders, infiltrative disease of bone marrow, hepatosplenomegaly and skeletal abnormalities. EMH is also single or multiple, poorly circumscribed and it often contains small amount of adipose tissue (4).

Our patient had: 1) normal peripheral blood findings 2) the masses were well circumscribed and 3) the CT showed that the masses were within the adrenal gland, a site uncommon for EMH. Lymphoma should also be considered in the differential diagnosis if lymphoid infiltrates are prominent (4).

In conclusion, FNA offers a reliable and simple method for the diagnosis of myelolipoma. The diagnosis should be taken into account whenever trilineage haematopoietic cells and mature adipose cells are encountered on FNA, with appropriate clinical and radiological findings.

REFERENCES
