

Adrenal Hemangioma

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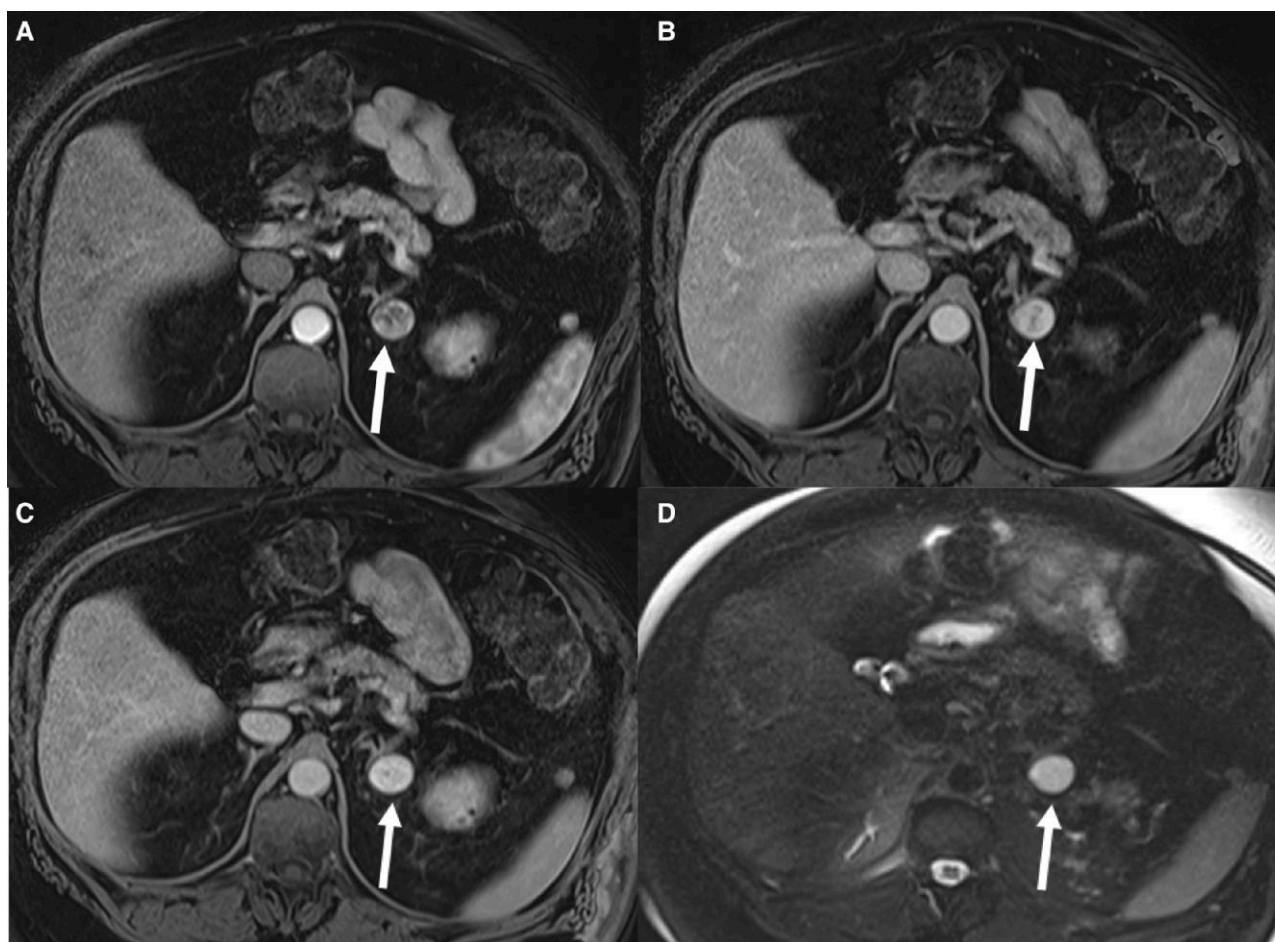
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Image Legend

A 69-year-old man with treated melanoma and prostate cancer presented for cancer restaging. Magnetic resonance imaging demonstrated a markedly enhancing, well-circumscribed

2.3-cm left adrenal mass (Fig. 1A). The mass retained contrast on venous and delayed phases (Fig. 1B and 1C), which is atypical for a benign adenoma. Thus, the lesion was considered indeterminate and suspicious for metastasis given the history



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of malignancy. After a negative hormonal evaluation, tissue biopsy revealed a hemangioma, with collections of small blood vessels within loose myxoid stroma. The patient had no biopsy-related complications, including bleeding. Retrospectively, some imaging features were characteristic of hemangioma: enhancement pattern following the blood pool and markedly increased signal intensity on T2-weighted images (Fig. 1D). Adrenal hemangioma is a rare, benign tumor representing less than 1% of adrenal tumors. They can be misdiagnosed as pheochromocytoma or metastasis (1, 2). Adrenal hemangiomas are usually nonfunctional and asymptomatic but can rarely present with symptoms of mass effect or hemorrhage (2). The diagnosis is usually made after tissue sampling or surgical resection, which may be necessary for symptomatic treatment, diagnostic purposes, or treatment of endocrine hyperfunction. In conclusion, adrenal hemangioma may portray classic imaging features; its diagnosis should be considered depending on the clinical context.

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Informed Patient Consent for Publication

Signed informed consent could not be obtained from the patient or a proxy but has been approved by the treating institution.

Data Availability Statement

Data sharing is not applicable to this article as no datasets were generated or analyzed during the current study.

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