

## INCYDENTALOMAS AND HYPERTENSION

### Summary

Latest enhancements in the field of medical imaging have increased our ability to early detect adrenal incidentalomas. High resolution and 3D rendering techniques, in echosonography and magnetic resonance imaging, have increased the percentage of tumors detected at early stage. Prevalence of adrenal incidentalomas increases with the age and it is particularly high in patients with metabolic disorders (obesity, arterial hypertension, insulin resistance). Our examination group had 103 subjects, 75 females and 28 males, with ages between 28 and 76; frequency of hormonal inactive was 57%, subclinical Cushing's syndrome, 15.8%, pheochromocytoma 2.8%, Conn's adenoma 0.9%, metastases 8.7%, MEN IIa, echinococcus cyst and adenocarcinoma 0.9%. Our final diagnosis was based on surgical examination 27.1% or FNA (3.8%). Among examinees 61% was obese and 57.2% had hipertension. Endocrinological investigation (24-h urinary catecholamines, dexamethasone suppression test, serum DHEAS and PRA) will reveal a significant percentage of hormonally active tumors with subclinical disease (e.g., pheochromocytoma, subclinical Cushing's syndroma). Malignancy risk increases with the tumor diametar. Therefore tumor diametar and hormonal activity are relevant parameters in therapy prescription. Surgical intervention is necessary for all tumors that are greater than 6cm. If the size of the tumor is 4-6cm follow up exams are required as well as a surgical intervention if growth tendency determined.

**Key words:** incidentaloma, subclinical Cushing's syndroma (SCS), pheochromocytoma, Conn's adenoma