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Management of the Clinically Inapparent Adrenal Mass (Incidentaloma)



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Management of the Clinically Inapparent Adrenal Mass (Incidentaloma)

January 1990 through October 2001, plus selected earlier citations

1142 Citations

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INTRODUCTION

The adrenals are triangular glands that sit atop each kidney. They influence or regulate the body's metabolism, salt and water balance, response to stress, and other important functions by secreting a variety of hormones. Adrenal masses are among the most common tumors in humans, occurring in at least 3 percent of persons over age 50, according to recent estimates. Most adrenal masses cause no health problems. A small proportion, however, can lead to a number of serious hormonal diseases, and approximately one out of every 4,000 adrenal tumors is cancerous.

Clinically inapparent adrenal masses are discovered inadvertently, in the course of diagnostic testing or treatment for other conditions, and thus are commonly known as incidentalomas. Improvements in abdominal imaging techniques and technologies have resulted in the detection of an increasing number of adrenal incidentalomas.

When detected, the clinically inapparent adrenal mass raises challenging questions for physicians and their patients. For example, should the mass be removed? Is a nonsurgical approach indicated? What risks are associated with either approach? Because the incidence of these masses increases with age, appropriate management of adrenal tumors will be a growing challenge in our aging society.

Over the past several years, significant new information has become available regarding the epidemiology, biology, screening, treatment, and follow-up of adrenal tumors. For example, recent refinements in the field of minimally invasive general surgery have made laparoscopic adrenalectomy a widely used method for removing adrenal masses. Moreover, recent reports suggest that 5 to 25 percent of patients with adrenal incidentaloma have some form of subclinical hormonal dysfunction and may represent a population at higher risk for metabolic disorders and cardiovascular disease. It will be important to identify those groups with subclinical disease that will benefit from treatment.

This bibliography was prepared for the National Institutes of Health State-of-the-Science Conference titled Management of the Clinically Inapparent Adrenal Mass (Incidentaloma) to be held February 4-6, 2002, in Bethesda, Maryland. The primary sponsor of this meeting is the National Institute of Child Health and Human Development. Co-sponsors include the National Cancer Institute and the National Institute of Diabetes and Digestive and Kidney Diseases. This two-and-a-half-day conference will explore and assess the current scientific knowledge regarding adrenal incidentalomas to enable health care providers and the general public make informed decisions about this important public health issue. The conference will address the following questions:

- What are the causes, prevalence, and natural history of clinically inapparent adrenal masses?
- Based on available scientific evidence, what is the appropriate evaluation of a clinically inapparent adrenal mass?
- What criteria should guide the decision on surgical versus nonsurgical management of these masses?
- If surgery is needed, what is the appropriate procedure?
- What is the appropriate followup for patients for each management approach?
- What additional research is needed to guide practice?

The bibliography contains selected citations to journal articles, books and book chapters, conference proceedings and meeting abstracts, and audiovisuals published in all languages from 1990 forward; other selected references from earlier years have also been included. The references have been arranged into six broad categories that parallel the topics to be presented at the conference; an item may appear in more than one category.

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SAMPLE CITATIONS

Citations are formatted according to the rules established for *Index Medicus*®*. Sample journal, monograph, and audiovisual citations appear below. For journal articles written in a foreign language, the English translation of the title displays in brackets; for monographs and audiovisuals the title is given in the original language. In all cases the language of publication is shown by a three-letter abbreviation appearing at the end of the citation.

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Journal Article:

<i>Authors</i>	<i>Article Title</i>	<i>Abbreviated Journal Title</i>	<i>Date</i>
Bittner DA, Ross DS.	Incidentally discovered adrenal masses.	Am J Surg	1989 Aug; 158(2):159-61.
			Available from: PubMed; PMID 2757145
<i>Volume</i>	<i>Issue</i>	<i>Pages</i>	<i>Availability</i>

Monograph:

<i>Authors/Editors</i>	<i>Title</i>	<i>Place of Publication</i>	<i>Publisher</i>	<i>Date</i>
Lack EE.	Pathology of the adrenal glands.	New York:	Churchill Livingstone;	1990. 389 p.
	<i>Total No. of Pages</i>			

Audiovisual:

<i>Title</i>	<i>Medium Designator</i>	<i>Authors</i>	<i>Producer</i>
Laparoscopic left adrenalectomy for primary aldosteronism [videocassette].	Sardi A.	Alton Ochsner Medical Foundation,	producer.
1 videocassette: 15 min., sound, color, 1/2 in..		Woodbury (CT):	Cine-Med; c1993.
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* For details of the formats used for references, *see* the following publications:

Patrias, Karen. National Library of Medicine recommended formats for bibliographic citation. Bethesda (MD): The Library; 1991 Apr. Available from: NTIS, Springfield, VA; PB91-182030.

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CAUSES, PREVALENCE, AND NATURAL HISTORY OF CLINICALLY INAPPARENT ADRENAL MASSES

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Fine-Needle Aspiration Biopsy

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Overviews

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