Adrenal incidentalomas

On the surface, this may seem like a secondary care issue. However, GPs increasingly have direct access to investigations such as CT-KUB (for renal stones) or CT-abdomen for investigation of potential pancreatic cancer. If we request these tests, it is our responsibility to follow-up the results.

This was the subject of a BMJ Clinical Update. We have focused on what is pertinent for primary care (BMJ 2018;360:j5674).

Definition and statistics

- Adrenal incidentalomas are adrenal lesions found during imaging scans not performed for the symptoms of adrenal disease.
- The vast majority (about 85%) are benign and do not produce any hormone.
- About 15% are either functioning (in order of frequency, producing cortisol, catecholamines or aldosterone) or malignant.
- Detection is a significant source of anxiety for patients.

Who needs referral?

This is a nice, easy message for primary care:

- All detected adrenal incidentalomas should be referred to the endocrinology team.
- Prior to referral, we should review the history because there may be features such as hypertension, flushes or Cushingoid appearance that are pertinent to the referral, and may affect how quickly the patient is seen.
- The endocrinology team will undertake testing for cortisol, catecholamines and aldosterone, request other imaging as required, and discuss the results at a multidisciplinary team.

Who needs treatment?

This will be a secondary care decision, but usually:

- Lesions that are less than 4cm in diameter, lipid-rich and produce no hormones can be left alone. These will require no further monitoring or follow-up.
- All other lesions and identified hormonal abnormalities will need specialist follow-up.

Adrenal incidentalomas

- These are detected increasingly commonly.
- If one is detected on a scan we initiated, we should take a history to check for symptoms of hormone production, and refer all to endocrinology for testing and MDT assessment.
- Patients with lipid-rich lesions <4cm and no hormone production will be discharged with no follow-up.

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