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Report of a Case Diagnosed with Ectopic Adrenal Tissue in Lung

Berna Gül¹, Mustafa Karslı¹, Sevgi Pekcan², Tamer Altınok³, Diclehan Orhan⁴¹Department of Pediatrics, Necmettin Erbakan University Meram School of Medicine, Konya, Turkey²Division of Pediatric Pulmonology, Necmettin Erbakan University Meram School of Medicine, Konya, Turkey³Department of Thoracic Surgery, Necmettin Erbakan University Meram School of Medicine, Konya, Turkey⁴Department of Pediatric Pathology, Hacettepe University School of Medicine, Ankara, Turkey

Pulmonary airway malformation is a rare congenital pulmonary anomaly caused by abnormal branching of the hamartomatous or dysplastic pulmonary tissue from immature bronchial tree.

Adrenal cytomegaly is a rare cellular anomaly localized in fetal or neonatal adrenal gland. In this case report, we will represent our patient who we detected a suspicious ectopic adrenal gland while being followed-up due to suspected pulmonary airway malformation. A 8 month-old male patient was referred to us because of detection of a suspicious lesion in apical part of the right lung in the chest x-ray taken in another center. It was learned that he had been hospitalized twice due to pneumonia. There was nothing particular in our patient's family history. On physical examination; his body weight, height and head circumference were normal for age and vital signs were all normal. His general condition was fine. His respiratory system examination was normal, except that respiration sounds were reduced in right apical region. There was no pathology in examination of other systems. There was a cystic, septated appearance in right superior part on the chest x-ray. The thorax computed tomography (CT) was reported as: "A lesion with dimensions of 4.5x4 cm with multiple air cysts of 1.5 cm and smaller inside, which has regular margins and is encapsulated by a capsular structure, is detected. No solid component was detected within the lesion. This CT appearance is considered to be as consistent with pulmonary airway malformation (cystic adenomatoid malformation)". A lobectomy of upper anterior lobe of the right lung was performed and then the material was sent to pathology. The pathology result was: "adenoid cystic malformation (type 2, rhabdomyomatous differentiation)"; however, pulmonary airway malformation was not considered for the patient because of inconsistency with clinical status. Thereupon, the removed material was sent to department of pathology of another center. The pathology result issued here was: "The morphological and immunohistochemical findings are consistent with adrenal cortex. The nuclear polymorphism described microscopically can be interpreted as adrenal cortical cytomegaly. A metastasis of a potential malignant neoplasm is discarded. Therefore, it can be considered to be consistent with ectopic adrenal tissue". In the abdominal CT scan taken after this result, adrenal glands were reported to be normal.

Our patient was represented to show rarity of this condition and that existence of an ectopic adrenal tissue within lungs may be confused with the pulmonary airway malformation.

Keywords: Pulmonary airway malformation, adrenal cytomegaly, ectopia