**INTRODUCTION & OBJECTIVES**

Adrenal incidentalomas (AIs) are becoming increasingly common (nearly 4-7%). Although most of the lesions are benign, some could be functional and carcinomas. According to guidelines, surgery should be performed on non-functioning lesions with a diameter ≤4 cm, due to the increased risk of malignancy. However, the objective is to analyze our results, checking if the 4-cm cut-off is the best one for a surgical decision.

**RESULTS**

Pathology data | <4 cm | ≥4 cm | p |
--- | --- | --- | --- |
Adenomas | 66% | 18.9% | <0.002 |
Malignant pheo | 4% | 0% | 1 |
Intermediate pheo | 0% | 5.4% | 1 |
Benign pheo | 16% | 24.3% | 1 |
Myelolipomas | 2% | 8.1% | 1 |
Ganglioneuroma | 2% | 0% | 1 |
Cavernous | 0% | 2.7% | 1 |
Hemangioma | | | |
Cortical Hyperplasia | 2% | 0% | 1 |
Cysts | 0% | 5.4% | 1 |
Carcinoma | 4% | 16.2% | 1 |
Metastatic lesion | 4% | 2.7% | 1 |
Normal | 0% | 8.1% | 1 |

**Logistic Regression**

Logit = -4.6 + 1.5 (Non-functioning adrenal mass) + 0.036 x (mean preoperative imagiologic diameter) - 1.2 x (Gender female)

<table>
<thead>
<tr>
<th>B (SE)</th>
<th>Wald Test</th>
<th>95% Confidence Interval</th>
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</thead>
<tbody>
<tr>
<td>Constant</td>
<td>-4.6 (1.4)</td>
<td>10.5</td>
</tr>
<tr>
<td>Non-functioning adenoma mass</td>
<td>1.5 (1.1)</td>
<td>2.1</td>
</tr>
<tr>
<td>Mean preoperative imagiologic diameter (mm)</td>
<td>0.04 (0.01)</td>
<td>7.0</td>
</tr>
<tr>
<td>Gender female</td>
<td>-1.3 (0.9)</td>
<td>1.7</td>
</tr>
</tbody>
</table>

R² = 0.8 ( Hosmer & Lemeshow), 0.2 ( Cox & Snell), 0.4 ( Nagelkerke).

**MATERIALS & METHODS**

Between March 2009 and April 2017, 98 adrenal glands from 91 patients underwent transperitoneal laparoscopy adrenalectomy (LA): 44% were AIs. All patients underwent functional study prior to surgery. Data gathered included demographics, preoperative imaging, tumor, and pathological characteristics. A retrospective observational study was performed, using IBM SPSS Statistics 23, with a p<0.05.

**CONCLUSIONS**

The size matters: if the diameter of a nonfunctioning AI is ≥4 cm, surgical resection should be the first decision to take. Nonfunctional lesions should be considered as suspicious. However, the sensitivity was 75% and specificity was 33% for cancer detection using this cut-off. Other characteristics should be evaluated in order to improve the surgical indication and to avoid the excision of benign lesions.

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