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cortisol secretion. She was discharged with glucocorticoids, which were eventually tapered & removed a few months later.

Conclusion. An APA with suppressed ODST can progress & autonomously over-secrete cortisol to cause Cushing’s syndrome (A/CPA) despite MRA therapy. This is attributed to the increase in tumor size & insufficient mineralocorticoid blockade. Unilateral adrenalectomy resolves both mineralocorticoid & glucocorticoid excess & should be the optimal treatment for APA > 1.5 cm to mitigate cardio-vascular & metabolic risks.

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Abstract #1002785

A Case of Bilateral Adrenal Hemorrhage Associated with COVID-19

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Introduction: COVID-19 infection has been reported to be associated with coagulopathy and thromboembolic events. There are a few case reports of bilateral adrenal hemorrhage (BAH) associated with COVID-19 in the existing English literature. Here we report, to the best of our knowledge, the first such case of BAH associated with COVID-19 in the US.

Case Description: A 71-year-old woman with history of hypertension, hyperlipidemia and type 2 diabetes mellitus presented with abdominal pain, nausea, vomiting and generalized weakness that started 3 days prior to the admission. Initial vital signs showed temperature 98.1 °F, blood pressure 152/68 mm Hg, heart rate 73 beats/minute, respiratory rate 18 breaths/minute and saturation 98% on room air. Physical exam was remarkable for abdominal tenderness and bibasilar crackles. Lab testing showed thrombocytopenia to 53 K/ul, hyponatremia to 125 mmol/L and abnormal coagulation markers such as D-dimer, fibrinogen assay and prothrombin time. A polymerase chain reaction test for COVID-19 was positive. The patient was noted to have BAH on CT abdomen. She was started on hydrocortisone and positive. The patient was noted to have BAH on CT abdomen. She thrombin time. A polymerase chain reaction test for COVID-19 was of choice. Acute adrenal insuf- 

for BAH which warrants early adrenal axis testing due to high suspicion for primary adrenal insufficiency.

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Abstract #1003033

Oncocytic Adrenocortical Neoplasm a Case Report

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Introduction: Adrenocortical oncocytic neoplasms are a histologic subtype of adrenal neoplasms characterized by the presence of abundant granular eosinophilic cytoplasm due to accumulation of mitochondria. Oncocytoid adrenocortical neoplasms are extremely rare, typically non-functional and benign. There is a potential for malignancy in these tumors, hence the Lin-Weiss-Bisceglia criteria should be applied to establish the diagnosis of malignant adrenocortical oncocytoma.

Case Description: A 68-year-old male with past medical history of hypertension, hyperlipidemia, and peptic ulcer disease presented to the emergency room with low back pain. Patient denied symptoms of episodic palpitation, muscle weakness, weight loss or easy bruising. No prior history of cancer diagnosis.

CT scan revealed a 6 x 5.7 x 7 cm circumscribed right adrenal mass without definite local invasion. The mass density post contrast was 97 Hounsfield Units. PET scan showed a hypermetabolic large adrenal mass with no other hypermetabolic lesion. Hormonal evaluation showed normal plasma Aldosterone level (6.9 ng/dl), normal DHEAS level (126 mcg/dl), normal plasma Normetanephrine (66 pg/ml) and normal plasma Metanephrine (12 pg/ml). Cortisol level after 1 mg Dexamethasone suppression test was 1ug/dl.

Open right adrenalectomy was performed and a large mass with close effacement of the right inferior cava was found. Pathology showed a yellow to pink-red adrenal gland measuring 9.1 x 8.3 x 5.7 cm and weighted 200 grams. Serial sectioning through the lesion did not reveal any necrosis. The lesion appeared to be somewhat encapsulated; however, there were areas where the capsule could not be grossly identified. The tumor was onco- cytic and showed very little proliferative activity both mitotic counts as well as the Ki-67 immunostain. The final pathology report was oncocytic adrenocortical adenoma. Tumor assessment per Lin-Weiss-Bisceglia criteria was oncocytic adrenocortical adenoma.

Discussion: Adrenocortical oncocytic neoplasms are a histologic diagnosis of tumors that are often identified incidentally. The majority of these tumors are asymptomatic and nonfunctional.

Lin-Weiss-Bisceglia criteria can be used to determine malignant potential, prognosis and survival rate. A recent systematic review of these tumors showed that the majority of adrenocortical oncocytic neoplasm were either malignant or have malignant potential. In this systematic review a potential publication bias was reported since most of the studies included were single case report and authors may have been more apt to publish on malignant cases. Other systematic reviews showed that only 20% on adrenocortical oncocytic tumor are potentially malignant.