Adrenal incidentaloma guidelines 2018 radiology

Adrenal incidentalomas represent the result of the widespread use of abdominal imaging techniques (ultrasonography [US], computed tomography [CT], and magnetic resonance imaging [MRI]). In 3 out of 4 patients, renal carcinomas in abdominal imaging, adrenal masses were measured and confirmed with puncture with biopsy. The adrenal glands' location in the retroperitoneum and their close relationship with other abdominal structures make them prone to be identified as lesions on imaging studies. Adrenal incidentalomas are not rare findings on imaging studies, and when not causing symptoms, they are usually asymptomatic. The clinician should be aware of the potential harm related to adrenal masses due to their frequent identification and their high false-positive rate. It is essential to determine whether an adrenal mass is medical or surgical, and if so, before their treatment. Adrenal incidentalomas are usually categorized as: (1) adenomas and, hence, as MA or, in fact, as adenomas, and (2) nonadenomas, which represent a broader group of nonneoplastic or neoplastic adrenal masses. Nonadenomas fall into two categories: (A) nonneoplastic: this group includes cystic and noncystic masses, which represent a much larger group of masses, and (B) neoplastic: this group includes both benign and malignant masses. The goal of this guideline document is to assist the radiologist in the characterization and management of adrenal incidentalomas. In this sense, the most common adrenal mass in adults is an adenoma. 

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