A 53-year-old man presented with a 1-month history of pain and a palpable mass in the left side of the abdomen. Physical examination revealed a mass on the left half of the abdomen crossing the midline. Laboratory data were unremarkable, except for an upper limit of reference range for urinary catecholamine metabolites. Computed tomography and magnetic resonance imaging revealed a huge complex cyst in the left side of the abdominal cavity, extending superiorly to the level of the pancreas and caudally to the iliac crest, displacing the kidney downward. The mass was surgically removed en bloc through a thoracoabdominal incision. The histopathological examination revealed pheochromocytoma of the adrenal gland, weighed 3150 g. While magnetic resonance imaging and metaiodobenzylguanidine scintigraphy were negative for metastasis, the patient had a urinary normetanephrine level, slightly upper than normal. Giant prominently cystic pheochromocytomas are extremely rare tumors. Patients with giant pheochromocytomas may not display typical clinical or laboratory manifestations. Abdominal computed tomography and magnetic resonance imaging may not determine the origin of mass. Pheochromocytoma should be considered in differential diagnosis of abdominal cysts. The presented case is one of the largest reported cystic pheochromocytomas with a benign course and no recurrence or complications on follow-up.

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REFERENCES