CASE

A twenty-six years-old female patient admitted to the endocrine surgery outpatient clinic complaining of nausea. She had a normal physical examination and all biochemical values, including tumor and hormonal markers, were between reference ranges. Radiological examination with the computed tomography and magnetic resonance imaging revealed a hypervascular mass lesion originating from the right adrenal gland. Measuring 14 cm in diameter, the tumor had smooth contours and was compressing the right liver lobe, the inferior vena cava and the right kidney. The patient underwent a lateral transabdominal robot-assisted laparoscopic adrenalectomy. The operation was performed with the Da Vinci Si Robot. In total, three robotic arms were used. One was docked with the 12mm camera port, while the other two arms were docked with the 8mm trocars (fig.1). Docking time was 4min, while the operation lasted 195 min. Since the adrenal vein was large and dissection resulted in tearing, it was closed by the use of a 20 mm vascular stapler. Intraoperative blood loss was 210cc in total. No blood transfusion was needed. The early postoperative course was uneventful and she was discharged the second day, postoperatively. Pathology report of the extracted specimen revealed an ‘adrenal oncocytoma’. Variables like mitosis, necrosis, Ki-67 and invasion were not associated with malignancy. Adjuvant therapy was not recommended and it close follow-up was decided.
CONCLUSION

Robot-assisted laparoscopic adrenalectomy is technically feasible and can be performed safely with the Da Vinci Robotic system in large adrenal masses.

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REFERENCES