The patient is a 45-year-old female who was referred for surgical management of suspicious appearing adrenal incidentaloma. Abdominal CT scan and MRI revealed an enhanced adrenal mass of 3.9 cm at largest diameter and with micro-calcifications. Subsequently, we performed robotic-assisted laparoscopic resection of the adrenal mass using two 8-mm ports, a camera port and assistant port to roll out adreno-cortical cancer (Figure 1). The da Vinci Surgical System with a three arm configuration was used. The patient was positioned in a 60° flank position. We encountered dense intra-abdominal adhesions that were expected due to multiple past abdominal surgeries of appendectomy and ovarian cyst resection. Due to close proximity of the mass to the pancreas, isolation and dissection of multiple small arterial and venous branches emanating from posterior retroperitoneum and the pancreas was done. This mobilized the entire length of the adrenal. Intraoperative ultrasound was used to identify the adrenal mass and its relationship to vital structures, and vasculature of the adrenal gland. The assistant surgeon maintained a clear field with laparoscopic suction. Circumferential dissection and resection were performed safely using Harmonic scalpel despite close proximity to vital structures as the pancreas and the spleen. The operation was terminated after the mass is extracted in an Endo Catch bag. The blood loss was minimal. The patient postoperative course was uneventful. Final pathological examination showed adrenocortical neoplasm with atypia.
Conclusions

Robotic-assisted laparoscopic adrenalectomy is effective for patients with large adrenal masses with previous abdominal surgical history and intraoperative adhesions.

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None.

Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

References
