A case of ganglioneuroma in which 131 I-6 β -iodomethyl-19-norcholest-5(10)-en-3 β -ol scintigraphy showed high uptake in the adrenal gland leading to a misdiagnosis

Nobuyoshi Fukumitsu,^{*1} Hirokazu Ashida,^{*2} Shigeyuki Ogi,^{*3} Mayuki Uchiyama,^{*4} Yutaka Mori,^{*3} Isao Ikemoto,^{*5} Noriko Sakamoto,^{*6} Katsuyoshi Tojo^{*6} and Makio Kawakami^{*7}

*¹Proton Medical Research Center, University of Tsukuba
*²Department of Radiology, Fujisawa City Hospital
Departments of *³Radiology, *⁵Urology, *⁶Division of Diabetes, Metabolism and Endocrinology,
Department of Internal Medicine, Jikei University School of Medicine
*⁴Department of Radiology, Jikei Kashiwa Hospital
*⁷Department of Pathology, Clinical Service, Jikei University School of Medicine

We experienced a case in which ¹³¹I-6 β -iodomethyl-19-norcholest-5(10)-en-3 β -ol (¹³¹I-adosterol) scintigraphy showed high uptake in the right adrenal gland. We diagnosed functional cortical adenoma because of the finding of ¹³¹I-adosterol scintigraphy. However, no positive findings for the existence of cortical adenoma were obtained in other examinations and we performed right adrenalectomy. Unexpectedly, pathological finding showed the right adrenal gland was occupied with a large ganglioneuroma. This is an instructive case in which ¹³¹I-adosterol scintigraphy showed abnormal high uptake in the adrenal gland, in spite of the fact that the adrenal gland was occupied by a tumor derived from adrenal medulla.

Key words: ¹³¹I-6beta-iodomethyl-19-norcholest-5(10)-en-3beta-ol, adrenal gland, ganglioneuroma