

# Iowa Radiology Adrenal Incidentaloma Imaging Management - March 2022

1. Adrenal lesions incidentally noted on a non-contrast CT
  - a. 1cm (short axis) lesions need no followup
  - b. 1 - 2 cm, no Hx cancer and no old studies - 1 yr followup adrenal CT protocol or MRI protocol is a reasonable option.
  - c. If > 2cm and < 4 cm and < /= 10 HU the lesion is benign
  - d. If >1 cm and < 4 cm with density 10-30 HU either CT washout protocol or MRI chemical shift imaging is appropriate. If neither is possible 6-month followup can be considered.
  - e. If >30 HU CT washout protocol is preferred.
  - f. If there is central necrosis get biopsy or PET/CT
  
2. If lesion is seen on a pre and post contrast exam - enhancement < 10 HU is benign
  
3. Lesions >/= 4 cm consider PET/CT or surgical resection.
  
4. MRI (No IV contrast) with chemical shift sequence, DWI and T2 is a reasonable alternative consideration in patients who are:
  - a. Pregnant
  - b. < 40 y/o
  - c. Renal failure and cannot have CT washout protocol
  - d. Contrast allergy

Link to update ACR recommendations in JACR 2021:

<https://doi.org/10.1016/j.jacr.2021.08.010>

Reviewed by:

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