

Table 1. Prevalence and clinical features of adrenal incidentalomas

Nature of incidentaloma	Prevalence %	Clinical features
1. Adrenal cortical tumors	70-94	1. SCS: Usually no symptoms or overweight, central obesity, hypertension, osteoporosis, diabetes mellitus or glucose intolerance, lipid abnormalities 2. APA: No symptoms or hypertension, hypokalemia (nocturia, polyuria, muscle cramps, palpitations), hypernatremia 3. ACC: No symptoms or mass-effect symptoms (abdominal pain), symptoms related to hypersecretion of cortisol, aldosterone, androgens (hirsutism, acne, oligo- or amenorrhea, oily skin) or estrogens (gynecomastia)
1.1. Benign non-functioning adenoma	71-84	
1.2. Subclinical Cushing's syndrome (SCS)	9 (range 1-29)	
1.3. Aldosterone producing adenoma (APA)	1.6-3.3	
1.4. Nodular hyperplasia	7-17	
1.5. Adrenal carcinoma (ACC)	4 (1.2-11)	
	(in terms of size, 2% of masses <4 cm, 6% 4.1-6cm and 25% >6 cm)	
2. Adrenal medullary tumors		PHEO: asymptomatic or headache, palpitations, diaphoresis, hypertension (paroxysmal or sustained), orthostatic hypotension, pallor, retinopathy, tremor and fever, part of a familiar syndrome
2.1. Pheochromocytoma (PHEO)	1.5-11	
2.2. Ganglioneuroma	0-6	
2.3. Ganglioneuroblastoma, neuroblastoma, carcinoma	<1	
3. Other adrenal tumors		Asymptomatic or mass-effect symptoms (abdominal pain) or adrenocortical dysfunction in 10% (Addison's disease, Cushing's syndrome, hyperandrogenism, hypertension)
3.1. Myelolipoma	7-15	
3.2. Lipoma	0-11	
3.3. Lymphoma, haemangioma, angiomyolipoma	<1	
4. Cysts and pseudocysts	4-22	Asymptomatic or mass-effect symptoms (abdominal pain)
5. Haematoma and haemorrhage	0-4	Asymptomatic or mass-effect symptoms (abdominal pain)
6. Infections, granulomas	<1	Asymptomatic or general symptoms
7. Metastases (lung, liver, breast, kidney, melanoma)	2.5 (0-21)	Cancer-specific signs
8. Pseudoadrenal masses (stomach, pancreas, kidney, liver, lymph node, vascular lesions, technical artifacts)	0-10	Asymptomatic