A Case Report: Disseminated Mycobacterium Avium Intracellulare Infection with Adrenal Carcinoma Leading to Adrenal Insufficiency

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Introduction

▪48-year-old male with MAI diagnosed by lymph node biopsy.

▪This case describes the complications of MAI and cancers to keep on differential in HIV/AIDS patients.

Case Description

▪**ROS**: 100 lb weight loss, SOB
▪He smokes cigarettes (1 ppd for many years), does not use drugs/ alcohol.
▪**VITALS**: tachycardic (140 bpm) and hypotensive (87/60 mmHg)
▪ **On exam** he was cachectic, white tongue plaque, and enlarged lymph nodes.
▪Imaging revealed extensive mediastinal/hilar/peritoneal/retroperitoneal lymphadenopathy, splenic mets, left adrenal mass, hydronephrosis compressing the ureter due to mass effect.
▪CD4 count of 3 and viral load of 79,000.
▪ A lymph node biopsy-positive for M.avium.
▪His hospital course was complicated by adrenal insufficiency.
▪**Treatment**: The MAI infection was treated with azithromycin, levofloxacin and ethambutol and changed to amikacin and rifabutin.
▪He was transferred for management of adrenal insufficiency and one week later he succumbed to his illness.

Results & Imaging

0.8 ▾ ✳	4.8 ▾ ✳	% CD 4 Pos. Lymph.
84.4 ▴ ✳	77.5 ▴ ✳	% CD 8 Pos. Lymph.
338 ✳	155 ✳	Abs. CD 8 Suppressor
3 ▾ ✳	10 ▾ ✳	Absolute CD 4 Helper
0.01 ▾ ✳	0.06 ▾ ✳	CD4/CD8 Ratio

Splenic Metastasis seen on CT scan

4 cm Adrenal mass, likely a metastasis
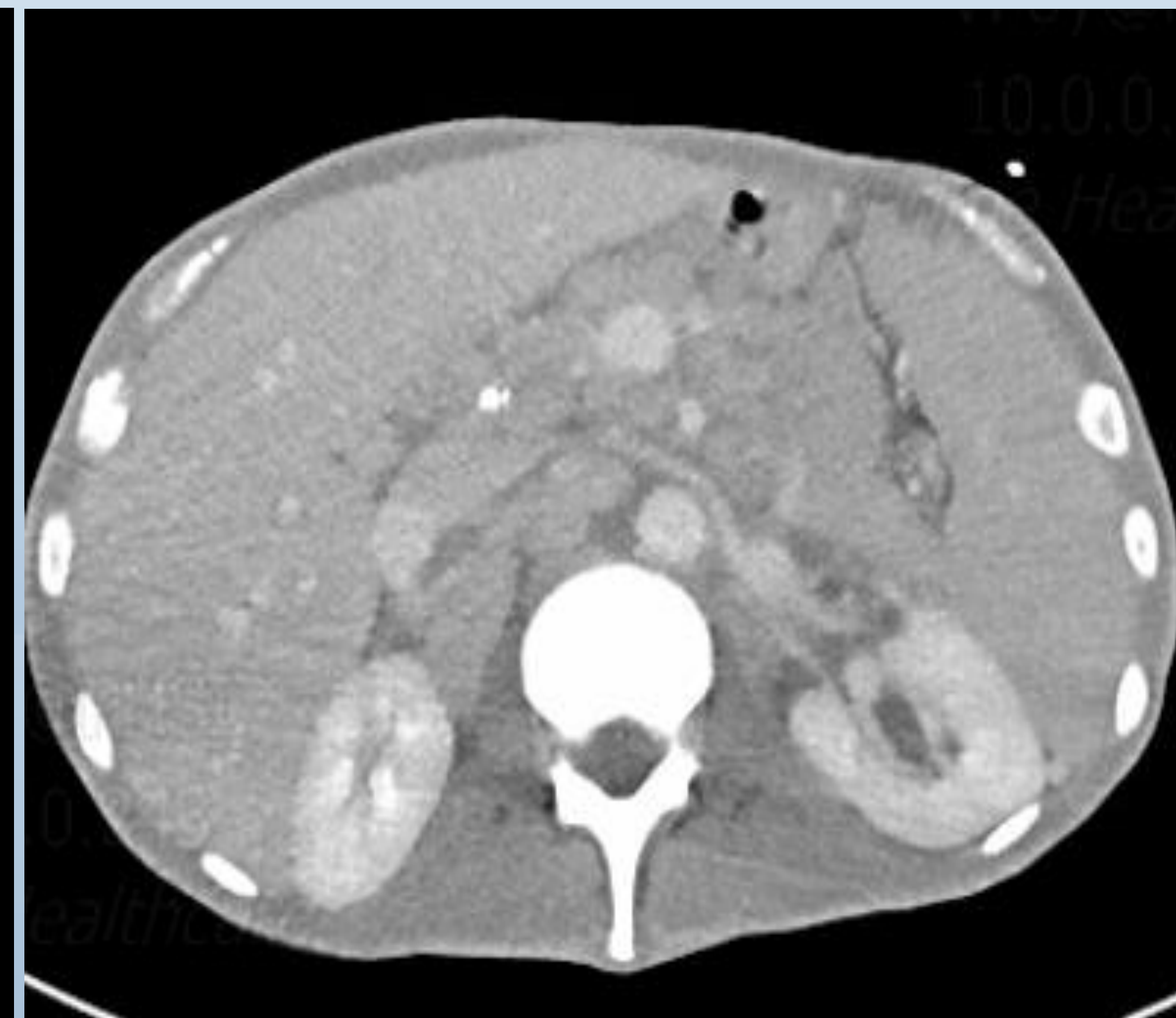

Lymphadenopathy seen on CXR

Discussion

▪Uncommon presentation of malignancy in HIV/AIDS.
▪ Top 3 CA in immunocompromised:
 ▪Kaposi's Sarcoma
 ▪ Non-Hodgkin Lymphoma
 ▪Cervical Cancer
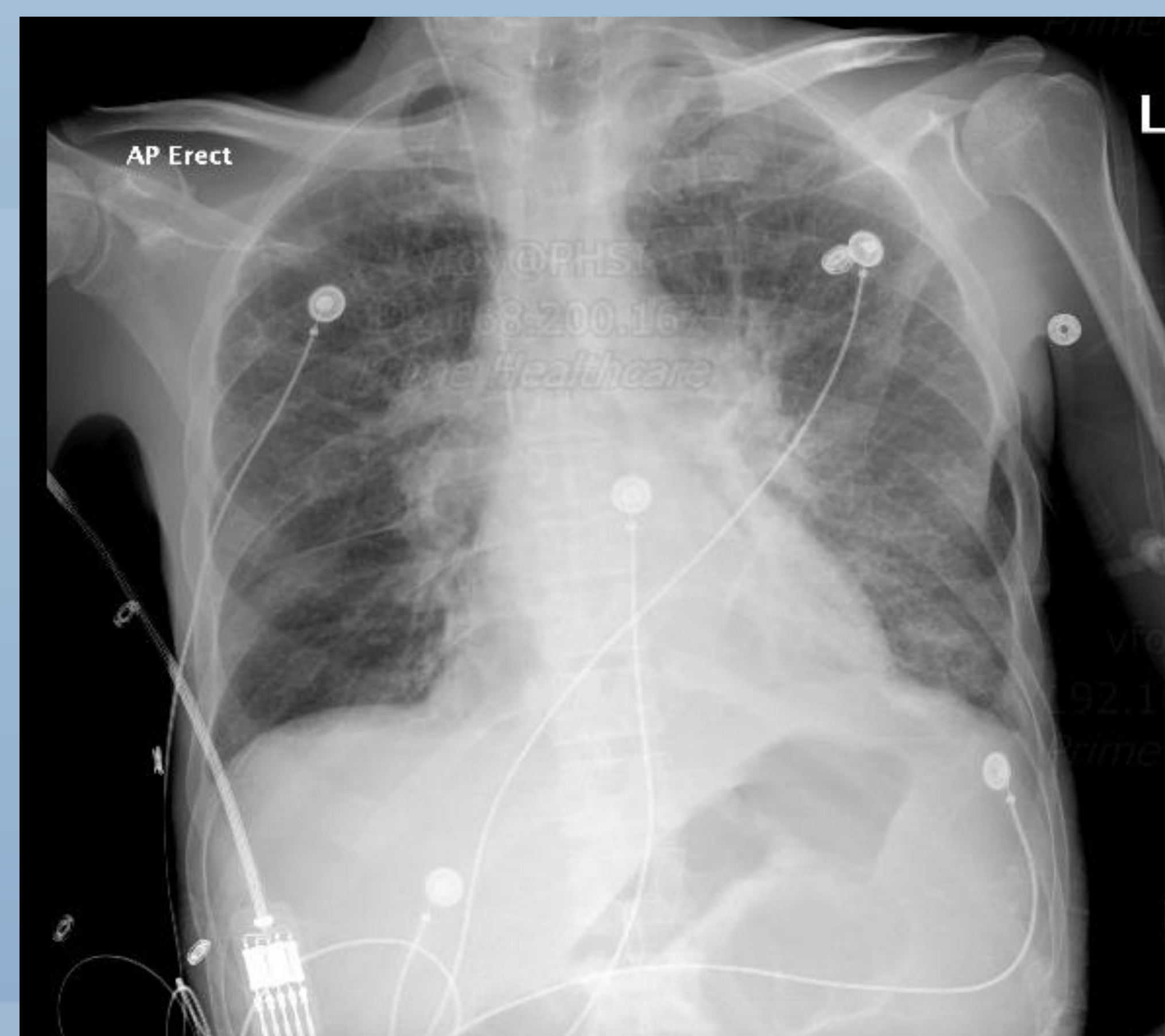▪Increase in case reports of adrenal carcinomas in this subgroup.

Conclusion

▪Increase in adrenal CA warrants close follow-up of such patients to monitor with yearly screening imaging.
▪Increasing access to care, patient was non-compliant with HAART