History
Newborn with depression.

Diagnosis
Adrenal Hemorrhage

Discussion
Clinical manifestations of adrenal hemorrhage can vary from an asymptomatic isolated focal unilateral adrenal hemorrhage to shock from massive bilateral adrenal hemorrhage. Palpable flank mass, anemia, jaundice, scrotal hematoma and Addisonian crisis may also be present. Most hemorrhages are right-sided. Fifty to sixty arterial branches from three suprarenal arteries supply each gland through a subcapsular plexus. This highly vascular plexus drains into medullary sinusoids via relatively few venous channels, thereby creating a potential “vascular dam.” Any condition leading to hypoxia may lead to shunting of blood flow to vital organs. Furthermore in times of physiologic stress, endogenous adrenocorticotrophic hormone release further increases blood flow rates to critical organs by several folds resulting in hemorrhage into the gland. Hypoxia also causes damage to the endothelial cells, making them more prone to hemorrhage. Predisposing factors include birth asphyxia, birth trauma, septicemia, underlying tumor, and hypoprothrombinemia.

Findings
US-Avascular right suprarenal mass.
CR-Radiograph with magnification several months later shows development of right suprarenal calcification.

Reference
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