

Methods: We performed a single-centre, retrospective study on all prospective living kidney donors between November 2000 and September 2020. Patients with adrenal lesions during work-up were identified and further information was collected from electronic patient records.

Results: Six (1.09%) of the 546 donors during that period had an AI. All were small (<4cm) and non-functional with benign radiographic features. Five (83.3%) proceeded to donation while 1 (16.7%) was unsuitable for donation due to complex vascular anatomy. Of the five donors that proceeded, 2 (40%) were contralateral and 3 (60%) ipsilateral AI's to the side of nephrectomy. Of the 3 ipsilateral AIs, 2 (66.7%) underwent nephrectomy alone whilst 1 (33.3%) underwent a simultaneous nephrectomy and adrenalectomy. There was no evidence of malignancy or functional change in AIs post-donation.

Conclusion: The incidence of adrenal pathology in living donors is low and largely benign. These patients should not be excluded from donation. Such patients could benefit from open discussion regarding simultaneous adrenalectomy vs conservative management.

SP5.2.6

Adrenal Incidentalomas in Living Kidney Donors: A Dilemma?

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Aims: During donor multi-detector CT angiogram (MDCTA), incidental findings occur, commonly adrenal incidentalomas (AIs). These are usually benign and non-functional with an estimated incidence of 4%.¹ These potentially limit organ donation due to the need to exclude malignancy. There is no consensus on the management of donors with AIs.^{1,2} This study aims to explore the incidence and clinical course of AI's in living kidney donors.