

## 7 LITERATURVERZEICHNIS

1. Abecassis M, McLoughlin MJ, Langer B, Kudlow JE: Serendipitous adrenal masses: prevalence, significance, and management.  
Am J Surg. 149: 783-788, 1985
2. Allolio B: Hormoninaktive Nebennierentumoren  
In: Nawroth PP, Ziegler R (Hrsg.): Klinische Endokrinologie und Stoffwechsel.  
Springer, Heidelberg und Berlin, S. 89-96, 2001
3. Al-Saadi N, Diederich S, Oelkers W: A very high dose dexamethasone suppression test for differential diagnosis of Cushing's syndrome.  
Clin Endocrinol (Oxf) 48: 45-51, 1998
4. Ambrosi B, Passini E, Re T, Barbetta L: The clinical evaluation of silent adrenal masses.  
J Endocrinol Invest 20: 90-107, 1997
5. Ambrosi B, Peverelli S, Passini E, Re T, Ferrario R, Colombo P, Sartorio A, Faglia G: Abnormalities of endocrine function in patients with clinically "silent" adrenal masses.  
Eur J Endocrinol 132: 422-428, 1995.
6. Barzon L, Fallo F, Sonino N, Boscaro M: Development of overt Cushing's syndrome in patients with adrenal incidentaloma.  
Eur J Endocrinol 146: 61-66, 2002
7. Barzon L, Scaroni C, Sonino N, Fallo F, Gregianin M, Macri C, Boscaro M: Incidentally discovered adrenal tumors: endocrine and scintigraphic correlates.  
J Clin Endocrinol Metab 83: 55-62, 1998
8. Barzon L, Scaroni C, Sonino N, Fallo F, Paoletta A, Boscaro M: Risk factors and long-term follow-up of adrenal incidentalomas.  
J Clin Endocrinol Metab 84: 520-526, 1999

9. Belldegrun A, Hussain S, Seltzer SE, Loughlin KR, Gittes RF, Richie JP: Incidentally discovered mass of the adrenal gland.  
*Surg Gynecol Obstet* 163: 203-208, 1986
10. Bencsik Z, Szabolcs I, Kovacs Z, Ferencz A, Vörös A, Kaszas I, Bor K, Gönczi J, Goth M, Kovacs L, Dohan O, Szilagyi G: Low dehydroepiandrosterone sulfate (DHEA-S) level is not a good predictor of hormonal activity in nonselected patients with incidentally detected adrenal tumors.  
*J Clin Endocrinol Metab* 81: 1726-1729, 1996
11. Bernini G, Moretti A, Argenio G, Salvetti A: Primary aldosteronism in normokalemic patients with adrenal incidentalomas.  
*Eur J Endocrinol* 146: 523-529, 2002
12. Bernini G, Moretti A, Iacconi P, Miccoli P, Nami R, Lucani B, Solvetti A: Anthropometric, haemodynamic, humoral and hormonal evaluation in patients with adrenocortical adenomas before and after surgery.  
*Eur J Endocrinol* 148: 213-219, 2003
13. Beuschlein F, Schulze E, Mora P, Gensheimer HP, Maser-Gluth C, Allolio B, Reincke M: Steroid 21-hydroxylase mutations and 21-hydroxylase messenger ribonucleic acid expression in human adrenocortical tumors.  
*J Clin Endocrinol Metab* 83: 2585-2588, 1998
14. Bogner U, Eggens U, Hensen J, Oelkers W: Incidentally discovered ACTH-dependent adrenal adenoma presenting as "Pre-Cushing's syndrome".  
*Acta Endocrinol (Copenh.)* 111: 89-92, 1986
15. Bornstein SR, Stratakis CA, Chrousos GP: Adrenocortical tumors: Recent advances in basic concepts and clinical management.  
*Ann Intern Med* 130: 759-771, 1999

16. Caplan RH, Strutt PJ, Wickus GG: Subclinical hormone secretion by incidentally discovered adrenal masses.  
Arch Surg 129: 291-296, 1994
17. Charbonnel B, Chatal JF, Ozanne P: Does the corticoadrenal adenoma with "pre Cushing's syndrome" exist?  
J Nucl Med 22: 1059-1061, 1981
18. Chidiac RM, Aron DC: Incidentalomas. A disease of modern technology.  
Endocrinol Metab Clin North Am 26: 233-253, 1997
19. Copeland PM: The incidentally discovered adrenal mass.  
Ann Intern Med 98: 940-945, 1983
20. Dobbie JW: Adrenocortical nodular hyperplasia: The ageing adrenal.  
J Pathol 99: 1-18, 1969
21. Fernandez-Real JM, Engel WR, Simo R, Salinas I, Webb SM: Study of glucose tolerance in consecutive patients harbouring incidental adrenal tumours. Study Group of Incidental Adrenal Adenoma.  
Clin Endocrinol (Oxf) 49: 53-61, 1998
22. Flecchia D, Mazza E, Carlini M, Blatto A, Olivieri F, Serra G, Camanni F, Messina M: Reduced serum levels of dehydroepiandrosterone sulphate in adrenal incidentalomas: a marker of adrenocortical tumour.  
Clin Endocrinol (Oxf.) 42: 129-134, 1995
23. Fontana D, Porpiglia F, Destefanis P, Fiori C, Ali A, Terzolo M, Osella G, Angeli A: What is the role of ultrasonography in the follow-up of adrenal incidentalomas? The Gruppo Piemontese Incidentalomi Surrenalici.  
Urology 54: 612-616, 1999

24. Geelhoed GW, Druy EM: Management of the adrenal "incidentaloma".  
Surgery 92: 866-74, 1982
25. Gicquel C, Bertagna X, Le Bouc Y: Recent advances in the pathogenesis of adrenocortical tumours.  
Eur J Endocrinol 133: 133-144, 1995
26. Glazer HS, Weyman PJ, Sagel SS, Levitt RG, McClellan BL: Nonfunctioning adrenal masses: incidental discovery on computed tomography.  
AJR Am J Roentgenol 139: 81-85, 1982
27. Gross MD, Shapiro B: Clinical review 50: Clinically silent adrenal masses.  
J Clin Endocrinol Metab 77: 885-888, 1993
28. Haber E, Koerner T, Page LB, Kliman B, Purnode A: Application of a radioimmunoassay for angiotensin I to physiologic measurements of plasma renin activity in normal human subjects.  
J Clin Endocrinol Metab 29: 1349-1355, 1969
29. Hartley L, Perry-Keene D: Phaeochromocytoma in Queensland - 1970-83.  
Aust N Z J Surg 55: 471-475, 1985
30. Hensen J, Buhl M, Bähr V, Oelkers W: Endocrine activity of the "silent" adrenocortical adenoma is uncovered by response to corticotropin-releasing hormone.  
Klin Wochenschr 68: 608-614, 1990
31. Hensen J, Buhl M, Oelkers W: Diagnostisches und therapeutisches Vorgehen bei Patienten mit zufällig entdeckten Nebennierentumoren. In: Allolio B, Schulte HM (Hrsg.): Moderne Diagnostik und therapeutische Strategien bei Nebennierenerkrankungen.  
Schattauer, Stuttgart, S. 210-215, 1990

32. Hensen J, Buhl M, Oelkers W: Endokrinologische Diagnostik und Operationsindikation beim zufällig entdeckten Nebennierentumor. In: Junginger T, Beyer J (Hrsg.): Diagnostische und operative Strategien bei endokrinen Erkrankungen. Vol 1.  
PMI Verlag, Frankfurt am Main, S. 38-48, 1990
33. Hensen J, Harsch I, Sachse R, Pavel M, Rico AF, Walter M, Stark S, Schrott KM, Kirchner T, Wittekind C, Knoch M: Ein Nebennierenzufallstumor ist keine „Zeitbombe“ - Argumente für die Verlaufskontrolle.  
Zentralbl Chir 122: 487-493, 1997
34. Herrera MF, Grant CS, van Heerden JA, Sheedy PF, Ilstrup DM: Incidentally discovered adrenal tumors: an institutional perspective.  
Surgery 110: 1014-1021, 1991
35. Jaresch S, Kornely E, Kley HK, Schlaghecke R: Adrenal incidentaloma and patients with homozygous or heterozygous congenital adrenal hyperplasia.  
J Clin Endocrinol Metab 74: 685-689, 1992
36. Kann P, Bittinger F, Hengstermann C, Engelbach M, Beyer J: Endosonographische Darstellung der Nebennieren: Eine neue Methode.  
Ultraschall in Med 19: 4-9, 1998
37. Kann P, Hengstermann C, Heussel CP, Bittinger F, Engelbach M, Beyer J: Endosonography of the adrenal glands: normal size - pathological findings.  
Exp Clin Endocrinol Diabetes 106: 123-129, 1998
38. Kasperlik-Zaluska AA, Roslonowska E, Slowinska-Szednicka J, Migdalska B, Jeske W, Makowska A, Snochowska H: Incidentally discovered adrenal mass (incidentaloma): investigation and management of 208 patients.  
Clin Endocrinol (Oxf.) 46: 29-37, 1997

39. Kaye TB, Crapo L: The Cushing-Syndrome: an update on diagnostic tests.  
Ann Intern Med 112: 434-444, 1990
40. Kley HK, Wagner H, Jaresch S, Jungblut R, Schlaghecke R. Endokrin inaktive Nebennierentumoren. In: Allolio B, Schulte HM (Hrsg.): Moderne Diagnostik und therapeutische Strategien bei Nebennierenerkrankungen.  
Schattauer, New York, S. 189-197, 1990
41. Kloos RT, Gross MD, Francis IR, Korobkin M, Shapiro B: Incidentally discovered adrenal masses.  
Endocr Rev 16: 460-484, 1995
42. Leibowitz G, Tsur A, Chayen SD, Salameh M, Raz I, Cerasi E, Gross DJ: Pre-clinical Cushing's syndrome: an unexpected frequent cause of poor glycaemic control in obese diabetic patients.  
Clin Endocrinol (Oxf) 44: 717-722, 1996
43. Luton JP, Martinez M, Coste J, Bertherat J: Outcome in patients with adrenal incidentaloma selected for surgery: an analysis of 88 cases investigated in a single clinical center.  
Eur J Endocrinol 143: 111-117, 2000
44. Mantero F, Arnaldi G: Investigation protocol: adrenal enlargement.  
Clin Endocrinol (Oxf) 50: 141-146, 1999
45. Mantero F, Arnaldi G: Management approaches to adrenal incidentalomas. A view from Ancona, Italy.  
Endocrinol Metab Clin North Am 29: 104-125, 2000
46. Mantero F, Masini AM, Opocher G, Giovagnetti M, Arnaldi G: Adrenal incidentaloma: an overview of hormonal data from the National Italian Study Group.  
Horm Res 47: 284-289, 1997

47. Mantero F, Terzolo M, Arnaldi G, Osella G, Masini AM, Ali A, Giovagnetti M, Opocher G, Angeli A: A survey on adrenal incidentaloma in Italy. Study Group on Adrenal Tumors of the Italian Society of Endocrinology. *J Clin Endocrinol Metab* 85: 637-644, 2000
48. Masumori N, Adachi H, Noda Y, Tsukamoto T: Detection of adrenal and retroperitoneal masses in a general health examination system. *Urology* 52: 572-576, 1998
49. Modlin IM, Farndon JR, Shepherd A, Johnston ID, Kennedy TL, Montgomery DA, Welbourn RB: Phaeochromocytomas in 72 patients: clinical and diagnostic features, treatment and long term results. *Br J Surg* 66: 456-465, 1979
50. Oelkers W: Diagnostic puzzle of the adrenal "incidentaloma". *Eur J Endocrinol* 132: 419-421, 1995
51. Oelkers W, Diederich S, Bähr V: Primary hyperaldosteronism without suppressed renin due to secondary hypertensive kidney damage. *J Clin Endocrinol Metab* 85: 3266-3270, 2000
52. Oelkers W, Schönenhöfer M, Blümel A: Effects of progesterone and four synthetic progestagens on sodium balance and the renin-aldosterone system in man. *J Clin Endocrinol Metab* 39: 882-890, 1974
53. Osella G, Reimondo G, Peretti P, Ali A, Paccotti P, Angeli A, Terzolo M: The patients with incidentally discovered adrenal adenoma (incidentaloma) are not at increased risk of osteoporosis. *J Clin Endocrinol Metab* 86: 604-607, 2001

54. Osella G, Terzolo M, Borretta G, Magro G, Ali A, Piovesan A, Paccotti P, Angeli A: Endocrine evaluation of incidentally discovered adrenal masses (incidentalomas).  
J Clin Endocrinol Metab 79: 1532-1539, 1994
55. Osella G, Terzolo M, Reimondo G, Piovesan A, Pia A, Termine A, Paccotti P, Angeli A: Serum markers of bone and collagen turnover in patients with Cushing's syndrome and in subjects with adrenal incidentalomas.  
J Clin Endocrinol Metab 82: 3303-3307, 1997
56. Prinz RA, Brooks MH, Churchill R, Graner JL, Lawrence AM, Paloyan E, Sparagana M: Incidental asymptomatic adrenal masses detected by computed tomographic scanning. Is operation required?  
JAMA 248: 701-704, 1982
57. Proye C, Manjili MJ, Combemale F, Pattou F, Ernst O, Carnaille B, Wemeau JL: Experience gained from operation of 103 adrenal incidentalomas.  
Langenbeck's Arch Surg 383: 330-333, 1998
58. Quinkler M, Lepenies J, Diederich S: Primary hyperaldosteronism.  
Exp Clin Endocrinol Diabetes 110: 263-271, 2002
59. Reincke M: Subclinical Cushing's syndrome.  
Endocrinol Metab Clin North Am 29: 43-56, 2000
60. Reincke M, Allolio B: Das Nebenniereninzidentalom: Die Kunst der Beschränkung in Diagnostik und Therapie.  
Dt Ärztebl 92: 764-770, 1995
61. Reincke M, Allolio B: Molekularbiologie der zufällig diagnostizierten Nebennierenraumforderung.  
Zentralbl Chir: 122: 430-437, 1997

62. Reincke M, Fassnacht M, Vath S, Mora P, Allolio B: Adrenal incidentalomas: a manifestation of the metabolic syndrome?  
Endocr Res 22: 757-761, 1996
63. Reincke M, Nieke J, Krestin G, Saeger W, Allolio B, Winkelmann W: Preclinical Cushing's syndrome in adrenal "incidentalomas": comparison with adrenal Cushing's syndrome.  
J Clin Endocrinol Metab 75: 826-832, 1992
64. Ross NS: Epidemiology of Cushing's syndrome and subclinical disease.  
Endocrinol Metab Clin North Am 23: 539-546, 1994
65. Rossi R, Tauchanova L, Luciano A, Di Martino M, Battista C, Del Viscovo L, Nuzzo V, Lombardi G: Subclinical Cushing's syndrome in patients with adrenal incidentaloma: clinical and biochemical features.  
J Clin Endocrinol Metab 85: 1440-1448, 2000
66. Russell RP, Masi AT, Richter ED: Adrenal cortical adenomas and hypertension. A clinical pathologic analysis of 690 cases with matched controls and a review of the literature.  
Medicine (Baltimore) 51: 211-225, 1972
67. Sellenschopp C: Aktuelle Probleme der Nebennierenchirurgie. In: Allolio B, Schulte HM (Hrsg.): Moderne Diagnostik und therapeutische Strategien bei Nebennierenerkrankungen.  
Schattauer, Stuttgart, S. 145-151, 1990
68. Sutton MG, Sheps SG, Lie JT: Prevalence of clinically unsuspected pheochromocytoma. Review of a 50-year autopsy series.  
Mayo Clin Proc 56: 354-360, 1981

- 69.Terzolo M, Osella G, Ali A, Borretta G, Cesario F, Paccotti P, Angeli A: Subclinical Cushing's syndrome in adrenal incidentaloma.  
Clin Endocrinol (Oxf.) 48: 89-97, 1998
- 70.Terzolo M, Osella G, Ali A, Borretta G, Magro GP, Termine A, Paccotti P, Angeli A: Different patterns of steroid secretion in patients with adrenal incidentaloma.  
J Clin Endocrinol Metab 81: 740-744, 1996
- 71.Terzolo M, Pia A, Ali A, Osella G, Reimondo G, Bovio S, Daffara F, Procopio M, Paccotti P, Borretta G, Angeli A: Adrenal incidentaloma: a new cause of the metabolic syndrome?  
J Clin Endocrinol Metab 87: 998-1003, 2002
- 72.Tsagarakis S, Kokkoris P, Roboti C, Malagari C, Kaskarelis J, Vlassopoulou V, Alevizaki C, Thalassinos N: The low-dose dexamethasone suppression test in patients with adrenal incidentalomas: comparisons with clinically euadrenal subjects and patients with Cushing's syndrome.  
Clin Endocrinol (Oxf) 48: 627-633, 1998
- 73.Tsagarakis S, Roboti C, Kokkoris P, Vasiliou V, Alevizaki C, Thalassinos N: Elevated post-dexamethasone suppression cortisol concentrations correlate with hormonal alterations of the hypothalamo-pituitary adrenal axis in patients with adrenal incidentalomas.  
Clin Endocrinol (Oxf) 49: 165-171, 1998
- 74.Tuchelt H, Dekker K, Bahr V, Oelkers W: Dose-response relationship between plasma ACTH and serum cortisol in the insulin-hypoglycaemia test in 25 healthy subjects and 109 patients with pituitary disease.  
Clin Endocrinol (Oxf) 53: 301-307, 2000

75. Turton DB, O'Brian JT, Shakir KM: Incidental adrenal nodules: association with exaggerated 17-hydroxyprogesterone response to adrenocorticotrophic hormone.

J Endocrinol Invest 15: 789-796, 1992

76. Young WF Jr.: Management approaches to adrenal incidentalomas. A view from Rochester, Minnesota.

Endocrinol Metab Clin North Am 29: 159-185, 2000